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ABSTRACT

This document contains a project report and a parenting resource book of materials for use in family and other adult basic and literacy education programs. The project report details how focus groups were conducted to determine the interests of adults in family literacy classes. Ten categories of interest were identified and materials were collected or developed for inclusion in either part one, instructional materials on a low reading level for use with students, or part two, an annotated bibliography of additional resources for students and teachers, of the book. Findings indicated teachers found the materials a useful resource; students felt the materials addressed their needs or, in cases where more extensive information was sought, the materials provided good introductory information on a topic. The nine-page final report is accompanied by the parenting resource book which consists of two sections. Part 1 contains materials that were collected or developed to respond to the interests expressed by students in seven family literacy classes. These brief materials--lists, articles, and fact sheets--are divided into 10 categories: child development, communication, discipline, formal education, health--adults, health--children, informal learning, parenting, pregnancy, safety, and values. Part 2 is an annotated bibliography of 50 resource materials. Each entry provides author, title, source, date, and number of pages. (YLB)

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ED 377 307

Parenting Resource Book

Section 353, Project # 98-4007
July 1994

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Final Report

Parenting Resource Book

Project # 98-4007
Federal Funding $23,345

Fiscal Year 1994

Center for Literacy, Inc.
636 South 48th Street
Philadelphia, PA 19143

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The activity that is the subject of this report was supported in part by the U.S. Department of Education. However, the opinions expressed herein do not necessarily reflect the position or policy of the U.S. Department of Education or the Pennsylvania Department of Education, and no official endorsement should be inferred.

CE 067 650

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Abstract Page

Title: Parenting Resource Book

Project No.: 98-4007 Funding: $23,345

Project Director: Rose Brandt Phone No. (215) 474-1235

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Agency Address Center for Literacy, 636 South 48th St., Philadelphia, PA 19143

Purpose: The purpose of this project was to develop a Parenting Resource Book of materials for use in family and other adult basic and literacy education (ABLE) programs. The materials were to be collected or developed to address issues raised by the adult students in family literacy classes.

Procedures: Focus groups were conducted to determine the interests of adults in family literacy classes. Ten categories of interest were identified and materials were collected or developed for inclusion in either part one, instructional materials on a low reading level for use with students or part two, an annotated bibliography of additional resources for students and teachers, of the book. Materials were field tested and revised and the Parenting Resource Book was produced.

Summary of Findings: The project met the goals of compiling and developing resources for use in family literacy classes. A large number of existing materials covering a wide range of topics was found. Materials were developed to address topics for which materials were not located.

Comments: Teachers found the materials a useful resource. Students felt that the materials addressed their needs or, in the cases where more extensive information was sought, the materials provided good introductory information on a topic.

Products The Parenting Resource Book consists of two sections, one with instructional materials for use with adult students and a second that lists additional materials for students and teachers. The following topics are covered: Child Development, Communication, Discipline, Formal Education, Health - Adults, Health - Children, Informal Learning, Parenting, Safety, Values. The second contains references for materials that can be used in family literacy programs or that provide additional information for family literacy teachers.

Descriptors

INTRODUCTION

PURPOSE

The purpose of this project was to develop a Parenting Resource Book of materials for use in family and other adult basic and literacy education (ABLE) programs. Because family literacy is relatively recent and is expanding, there are many teachers who are new to this field. The need for a resource book was based on the fact that these adult educators might not familiar with materials available on parenting topics, it takes a significant amount of time to identify and obtain these materials, and, for some topics, materials need to be developed on a low reading level.

The materials in the Parenting Resource Book were collected or developed to address issues raised by the adults in CFL family literacy classes. The book consists of two sections: 1. a collection of instructional materials on a low reading level for use with students, and 2. an annotated bibliography of additional materials for students and teachers.

TIME FRAME

This was a twelve month project, July 1993 through June 1994.

STAFF AND KEY PERSONNEL

Debra Cherkas began as the project director and Rose Brandt completed the project. Other CFL educators who participated in the project include Joanna Carty, Faith Green, Wendy Lovell, Pamela Pinder, Catherine DeLong Smith, Monty Wilson, and Rebecca Wolbach.

AUDIENCE

The immediate audience was sixty adult students in six CFL family literacy classes. The materials are appropriate for use by participants in other family literacy programs statewide. In addition, educators of any adults who are parents will be able to use the resource book to support their educational services.

Permanent copies of this report and the final products will be on file for the next five years with AdvancE, 333 Market Street, Harisburg, PA and the Western Pennsylvania Adult Resource Center, 5347 William Flynn Highway, Gibsonia, PA. Copies of the materials will be provided to the nine Regional Staff Development Centers.

BODY OF REPORT

STATEMENT OF THE PROBLEM

Understanding of the intergenerational nature of illiteracy has led to an increase in the number of family literacy programs. While there are materials on many parenting topics available from a variety of sources, finding these scattered resources is a challenge. Often educators and learners are unaware of what exists and many of the materials are written at a level which makes the information inaccessible to low level readers. As a result, staff with a background in ABLE who become involved in family literacy programs often invest a great deal of time locating instructional materials on parenting and finding quality background materials to assist them in developing their own understanding of and materials for parenting issues.

The Parenting Resource Book was developed as a comprehensive collection of instructional materials for use with learners and background information for educators on a range of basic parenting issues that arise in classes, such as communication, developmental stages of children, home safety, health issues,values, formal education, and informal learning activities, discipline.

The first section of the resource book provides an extensive collection of materials on parenting issues for low level readers. Existing materials were included when they were brief, at an appropriate reading level, and permission to reprint could be obtained. When necessary, materials at a lower reading level were created.

The second section of the resource book is an annotated bibliography of additional materials for students and educators working in family literacy.

GOALS AND OBJECTIVES

1. to conduct focus groups with family literacy participants and surveys with family literacy instructors to identify parenting issues of concern to them;

2. to identify materials which meet the identified issues,
   - collecting learner materials for inclusion in section one of the book,
   - reviewing background materials for listing in section two of the book,

3. to develop materials as needed for section one, based on the availability of low level reading materials to address identified issues;

4. to field test the resources with 6 educators and 60 students in 6 classes;

5. to revise materials as needed;

6. to compile the Parenting Resource Book.

PROCEDURES

Objective 1: to conduct focus groups with family literacy participants and surveys with family literacy instructors to identify parenting issues of concern to them.

The project director conducted focus groups in three classes. The students discussed parenting and identified topics that they were interested in pursuing further in their adult classes. They were encouraged to think of topics related to their needs in relation to their children, their needs as parents, and their own individual needs. An extensive list of topics were identified. These topics were organized into ten main categories:

- Child Development
- Communication
- Discipline
- Formal Education
- Health - Adults
- Health - Children
- Informal Learning
- Parenting
- Safety
- Values.

Objective 2: to identify materials which meet the identified issues,
- collecting learner materials for inclusion in section one of the book,
- reviewing background materials for listing in section two of the book.

Available materials were collected from newspapers, magazines, health organizations, educational agencies, parent advocacy groups, and government agencies. Materials were reviewed to determine their appropriateness for inclusion in the resource book. Criteria for inclusion included length, level, lack of bias, and type of text. Only short materials were included in the first section of the book. Lengthier pieces that contained valuable information were considered for the second section. The reading level of materials includeed needed to be appropriate for students in ABLE classes. The difficulty of the materials included ranged from basic to GED. Consideration was given to whether materials were unbiased in terms of racial, ethnic, religious, and sexual roles and portrayals. An effort was made to include materials on single parenting and on the fathers. The type of text was a considered in an attempt to expose parents to a range of materials, checklists, articles, and activity sheets, and to expose them to sources of materials such as the newspaper or magazines. A total of eighty-six materials were selected for part one of the book.

Materials which were not appropriate for inclusion in section one of the resource book considered for inclusion in section two. Materials which were selected for the second part were reviewed. An annotated bibliography with 51 entries was created.

Objective 3: to develop materials as needed for section one, based on the availability of low level reading materials to address identified issues.

Additional materials were written when no appropriate materials were available on a topic. Thirty-seven selections were written for inclusion in section one of the book on topics such as communication, child development, watching TV, and teaching values.

Objective 4: to field test the resources with 6 educators and 60 students in 6 classes.

The materials were field tested by 7 educators and 105 students in 7 classes. Classes that participated in the focus groups selected materials which addressed needs and interests that they had expressed in the groups. They also found that they were interested in topics identified by other students. Those students who did not

participate in focus groups selected materials from the resource book in which they were interested. Since the book does not include lesson plans, it was expected that the materials would be used differently by different students and teachers in different classes. This is in fact what happened. In some cases, materials were read to gain information on a topic. In other cases, the materials were used as a springboard for discussion and collection of the participants' ideas on a subject. The materials were used to generate ideas for both individual and group writing activities. In one case, tables were created to summarize information. Students asked for some of the materials to take home to read even though they did not have time to cover the materials in class.

Objective 5: to revise materials as needed.

Materials were revised as needed. Generally, revisions reflected students' requests for additional information or students' concerns about a specific aspect of parenting. In one case, students provided feedback in the form of questions. These were incorporated into the curriculum in a question and answer format as "Questions and Answers About Discipline and Punishment" and "Questions and Answers About Play." The suggestion to include "Time Out" and the description of time out procedures came from students. Educators' feedback indicated that the materials served their purpose as resources to provide information to students on topics of interest to them. They felt that they were able to build lessons around the materials or incorporate the materials into existing plans.

Objective 6: to compile the Parenting Resource Book.

A Parenting Resource Book with materials for use with students and a resource list of fifty-one additional materials was compiled. Section one contains materials on ten broad topics:

- Child Development
- Communication
- Discipline
- Formal Education
- Health - Adults
- Health - Children
- Informal Learning
- Parenting
- Safety
- Values.

Section two lists resources on the ten topics covered in section one as well as additional topics thought to be of interest to family literacy students or teachers of family literacy.

OBJECTIVES MET

Objective 1: to conduct focus groups with family literacy participants and surveys with family literacy instructors to identify parenting issues of concern to them.

Three focus groups were conducted and topics of interest to students were identified. Family literacy teachers were surveyed regarding their parenting issues of interest to them.

Objective 2: to identify materials which meet the identified issues.
- collecting learner materials for inclusion in section one of the book,
- reviewing background materials for listing in section two of the book.

Available materials were collected. Eighty-six selections were included in section one of the book. Fifty-one materials were selected for listing in section two.

Objective 3: to develop materials as needed for section one, based on the availability of low level reading materials to address identified issues.

Additional materials was written, thirty-seven entries, for inclusion in section one of the book.

Objective 4: to field test the resources with 6 educators and 60 students in 6 classes.

The materials were field tested by 7 educators and 105 students in 7 classes.

Objective 5: to revise materials as needed.

Materials were revised as needed.

Objective 6: to compile the Parenting Resource Book.

A Parenting Resource Book with 143 materials for use with students and a resource list of 51 additional materials was compiled.

OBJECTIVES NOT MET

All objectives of the project were met or exceeded.

EVALUATION

As stated above, all objectives of the project were met or exceeded. A resource manual was developed to the needs expressed by family literacy students in focus groups, field tested, and revised. The final product is a resource book that can be used in family literacy programs and other instructional programs in which parents participate.

DISTRIBUTION

Permanent copies of this report and the final products will be on file for the next five years with AdvancE, 333 Market Street, Harisburg, PA and the Western Pennsylvania Adult Resource Center, 5347 William Flynn Highway, Gibsonia, PA. Copies of the materials will be provided to the nine Regional Staff Development Centers. At the request of Pennsylvania Department of Education staff, the project director will present the Parenting Resource Book at the PAACE Midwinter Conference in 1995.

CONCLUSION

There is a need for materials to address the needs and issues of both parents and teachers in family literacy classes. Many of these materials are available through services to support families, parents, and other adults in the community. The Parenting Resource Book provides a source of materials on ten broad categories identified by adults in CFL family literacy programs. The materials were designed to be kept in a three ring binder so that new materials can be added and materials can be replaced when they become outdated.

The resources in the Parenting Resource Book can serve several purposes. Often, they will provide the information which students are seeking on a particular topic. At other times, the resources will provide students with an introduction to the topic. Students who are interested in or

in need of more extensive information on a topic can use what they learn from the resource book materials as a springboard for further study. Finally, the materials in the Parenting Resource Book will help adult students to see the range of materials available on parenting topics and provide them with ideas of where to go for information on other topics. In this way, the resource book will be the beginning of a process of collecting resources for both parents and teachers in family literacy programs.

Parenting Resource Book

Section 353, Project # 98-4007

July 1994

Center for Literacy, Inc.
636 South 48th Street
Philadelphia, PA 19143

Rose Brandt
Director of Educational Planning

JoAnn Weinberger
Executive Director

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Introduction

The Parenting Resource Book was designed to meet the needs of family literacy teachers and their students. It consists of two sections. Part one contains materials which were collected or developed to respond to the interests expressed by students in seven family literacy classes. These are brief materials - lists, articles, and fact sheets. Part two is an annotated bibliography of resource materials which provide additional information for teachers and students.

There are several reasons for the need for a resource book for family literacy. The field is relatively new and, as a result, there is not yet the range of materials available as in other areas of adult basic education. Also, many family literacy classes meet a large number of hours each week. As a result, topics can be covered in greater depth than is often the case in classes which meet fewer hours. Finally, topics which come up in family literacy classes, for example, child development or discipline, may not be areas of expertise for the adult educator new to family literacy. The Parenting Resource Book is intended to meet these needs in two ways. It provides the teachers with materials on ten categories to photocopy for use in the classroom. It also lists and describes materials which cover these categories in more depth.

The materials in this book should be used to address needs and interests as they are identified by students. While the main categories and the individual topics covered here are not exhaustive, they are themes that are identified repeatedly by students in family literacy programs. The materials are designed to be incorporated into class lessons. They are not lessons in and of themselves.

Some of the materials in this book contain information specific to Philadelphia. The materials were included to meet the needs of the students who participated in the focus groups and other students in CFL's other ABLE programs in the city. It is hoped that these materials will give teachers and students in programs in other localities ideas about materials to look for, places to go for materials relevant to their area, and questions to ask related to issues of concern to them.

This book was developed with the support of many educators at the Center for Literacy and with the input of students in a variety of CFL classes. The topics reflect the interest of adults involved in programs funded by Head

Start, Even Start, Healthy Start, and private funding. Adult participants range from pregnant teenage mothers to grandfathers who are caring for their grandchildren. Programs met from as many as twenty hours a week to as few as four hours. In additional to the adult education component, some of the classes had a time for parents and children together.

The materials are intended to be placed in a three ring binder. In that way, additional materials can be added and materials can be updated on topics that are timely.

Parenting Resource Book

Part One

Materials to Use in Family Literacy Classes

Child Development

Understanding Child Development
Stages of Child Development:
- Birth to 1 month
- 1 to 3 Months
- 4 to 6 Months
- 7 to 12 Months
- 1 to 2 Years
- 2 to 3 Years
- 3 to 4 Years
- 4 to 5 Years
- 5 to 6 Years

Analyzing Behavior
Tips for Shopping with Children
Dining Out with Kids
Planning a Successful Activity

Understanding Child Development

Children develop socially, physically, emotionally, linguistically and cognitively. Social development means growth in the way children relate to others. Physical development refers to the growth of the body. Emotional development includes how children feel about themselves, other people and the world around them. Linguistic development refers to the development of children's ability to use language. Cognitive development means the development of the ability to think and learn. These ways of developing are not totally separate from each other. In fact, development usually depends on growth in several areas. In the descriptions of stages of child development below, many items could fit in more than one category.

It is important to remember that no two children are alike. Each child develops in his or her own way. Even very young children have their own likes and dislikes. Children are also different on different days and at different times of the day.

Descriptions of the stages of development can help parents understand children as they grow. They can help parents to understand children's behavior. They can provide suggestions for safe activities which will encourage children in their development. However, they are not hard and fast rules.

Descriptions of developmental stages might call a parent's attention to a problem which a child is having. Sometimes there is an easy explanation. For example, most children can run well between the ages of 3 and 4. If a 4 year old child cannot run, the parent might observe closely and realize that the child's shoes are the wrong size. At times no explanation for a problem can be found. In these cases, parents should consult others, for example, friends, family members, clergy or doctors.

Observing children's development can be very interesting. Piaget, famous in the area of children's cognitive development, started out by observing his own children. He kept notes on what they did from the time that they were infants. Parents can do the same. It is a good way for them to get to know their children and to decide what kinds of support to provide. It will help make parenting more interesting.

Stages of Child Development
Birth to 1 month

Social Development

Newborn infants are totally dependent on others for care and safety. The parent's role is to provide the infant with food and keep him clean, dry and comfortable. Infants should not be left alone on a surface without guards to keep them from falling. They should never be left alone in the house or in a car.

Infants are not able to wait for what they want. When they feel a need, they cry. Parents can help by responding to babies' crying. The role of the parent is to keep the baby comfortable.

Most newborn infants like being held. It makes them feel secure. Sometimes being held comforts them. There are times, though, when babies might not want to he held.

Physical Development

Newborn infants can see objects at a distance of 8 to 12 inches, not closer or farther away. They do not have good control of eye movement. Their eyes might cross or not move together. This looks strange but it is normal. As infants grow, their eye control and vision improve.

Infants suck to get food and for pleasure. They like to suck their hands, thumbs and pacifiers but they will settle for other things. Parents need to keep dangerous objects away from infants. They also need to understand that

infants do not mean to cause pain if, for example, they suck too hard on the mother's breast.

Newborn infants sleep most of the time but not always at night. Sleeping at night is something babies have to learn. Sometimes babies are restless at night because they are hungry or uncomfortable. Sometimes they just have not yet developed the habit of sleeping at night. As infants get older, they sleep less and develop better sleep patterns. Eventually, they sleep through the night.

Newborns cannot support their own heads. Parents need to hold them securely, not tightly, but firmly. Holding a baby in your arms provides good support. When holding a baby any other way, keep one hand behind the baby's head.

Linguistic Development

Newborn infants cry to communicate. They usually do this at least 2 hours a day. Many cry a lot more. They may be letting you know that they are hungry or uncomfortable. Feeding or changing a baby's diapers might help. Sometimes babies have gas and gentle patting, stroking or rocking might help.

There are times when crying babies cannot be comforted. They might be crying just for the exercise. Sometimes it is impossible to tell why a baby is crying. This is particularly frustrating if they cry for a long time. It is important to know that this is normal and it will end.

Cognitive Development

Infants are learning all the time. They are learning about the world and about themselves. Parents can help babies feel loved and secure by holding and rocking them and by smiling and talking pleasantly to them. Parents can also respond quickly to infants' signs of discomfort.

Newborn infants learn to recognize the faces and voices of the people around them. They like to see familiar faces, especially smiling faces. They will respond by smiling back. Newborn infants like to hear familiar sounds, especially their parents' voices. They will turn their heads toward familiar voices. Parents can help by talking and singing to infants. While newborn infants cannot understand the words that parents say, they will pick up on parents' emotions.

Newborn infants react to loud sounds, bright lights and sudden movements. These usually make them uncomfortable and will often cause them to cry. Parents can help by keeping infants away from loud noises and bright lights. They can also move infants gently and firmly.

Infants are also learning to explore their world visually. Parents can help infants develop curiosity by holding objects close enough for them to see and moving the objects slowly so that the infant can follow the movement.

Stages of Child Development

1 to 3 months

Social Development

Infants between 1 and 3 months are still totally dependent on adults for care and safety. They cry when they have needs and usually do not stop until these needs are met. The parent's role continues to be keeping the infant safe and comfortable. Responding to infants' needs as quickly as possible does not spoil them. They are not yet able to wait to have their needs met. Having their needs go unmet only makes them feel insecure.

Holding infants is still important. It makes them feel secure and comforts them.

At this age, infants begin to recognize people and objects. They smile a special smile for the people they know. They are also happy to see familiar surroundings or toys. Parents can help by responding to infants' signs of recognition. They can show that they are as happy to see the baby as the baby is to see them.

Physical Development

Between the ages of 1 and 3 months, infants begin to raise their heads when they are lying on their stomachs. (Recent studies show that infants should not be put to sleep on their stomachs because of the increased risk of Sudden Infant Death Syndrome, SIDS.) When they are on their backs, they stretch and kick their legs. Parents can help by responding to children's activities. They can show that they are as excited as the baby is about these new

activities. The parent's role includes keeping objects out of the infant's way so that he can move safely.

Between 1 and 3 months, infants begin to reach for and grasp things. Of course, everything gets put in their mouths. Parents need to keep dangerous objects out of the reach of infants.

At this age, infants can follow moving objects with their eyes. Parents can help by rocking back and forth slowly while infants follow with their eyes. They can do the same thing with toys or other favorite objects.

Linguistic Development

Infants between 1 and 3 months still cry a lot but they are developing other ways to communicate. They smile when they are happy or comfortable. They smile when they see their mothers or fathers. They often smile after they pass gas.

Infants also begin to babble. They will babble when they see familiar people and objects. Parents can help by responding to infants' babbling. They can babble back to babies or sing songs to them. It is also helpful for parents to talk to babies because the infants will hear the sounds which they will later use in English words.

Emotional Development

Infants watch and respond to expressions. They especially like smiling faces. Faces with no expression can frighten them. Parents can help by showing infants through their expressions that they are happy to see the child. That does not mean that they should avoid children if they are not happy at a particular moment but

they should realize that at this age, infants notice their expressions.

Cognitive Development

Infants continue to learn quickly but their world includes only what they can see and hear. Parents can help by providing a world with a variety of things to see and hear. Bright colors and moving objects interest infants. That is why mobiles hung near a crib are a good idea. (It is important that the mobile be kept out of the infant's reach if the objects are not safe to be put in the infant's mouth.) Infants can be moved to different rooms to see a new part of the world. Music will also interest an infant. Parents can help by providing infants with a world that has a lot to see and hear. This will make them alert and help develop their curiosity. It is important to remember that bright lights and loud sound are not good because these can frighten infants.

Stages of Child Development

4 to 6 months

Social Development

Babies between 4 and 6 months are still dependent on adults for all their needs. Holding babies is still important but they also like time to themselves, close to adults but not being held. The parent's role continues to be keeping the baby safe and comfortable.

At this age, babies recognize many familiar settings and object as well as their own reflections in a mirror. Parents can make time spent with babies special by talking and singing to them even while meeting babies' needs, for example, while changing diapers or bathing. Parents can also hold babies in front of a mirror so they can enjoy their own reflections.

Physical Development

Babies reach for, grasp, and manipulate objects. They begin to turn and shake things. Their actions are not well controlled, for example, they might hit themselves in the head with a toy. Parents can help by making sure that toys are within reach of the baby. They can hold out their fingers for the baby to grasp. The parent's role is to see that objects which the baby can reach are safe for him.

Between 4 and 6 months, infants can sit with support. It is important that they are not left alone in a sitting position because they can easily tumble over and get hurt.

At this age, babies usually learn to roll from their stomachs to their backs. They like to do this. Parents can help by deliberately placing babies on their stomachs so that they can practice this new skill. It is important that parents provide a safe environment for rolling to occur so that babies will not roll off surfaces or onto sharp objects. (See physical development, 1 to 3 month, SIDS, page 12)

Around the 6th month, babies begin to teeth. This is a hard time for everyone. Babies cry a lot at this time because teething hurts. Teething rings sometimes help. Parents can try holding and comforting teething babies. Beyond that, parents need to be patient and accept the fact that there is nothing else they can do to help.

Linguistic Development

At this age, babies begin to respond to familiar words. Parents can help by spending time talking to babies. They can talk while doing things with babies. There are many words, such as "milk" or "daddy," which will become familiar in this way.

Between 4 and 6 months, babies babble in response to speech. The infant, 3 to 6 months, babbled but not necessarily in response to speech. Babies are learning to make sounds in an attempt to communicate. Parents can help by responding to babies' babbling. They can babble back, use familiar words, and just talk to children. It is important that parents talk to children in adult language because babies are learning to make the sounds necessary to talk. French babies, for example, need to learn French sounds. Babies who will speak English need to learn English sounds.

Emotional Development

Babies from 4 to 6 months like to be successful. They are aware of the feelings of their parents. Parents can help by letting babies know that they have done a good job. Parents can express this in words and in expressions. Although babies will not understand the words, they will understand the underlying feelings.

Cognitive Development

As babies sit up and roll over, they are able to see more of their world. As they get their hands on and turn objects, they begin to see that the same object from different angles. Their world still only includes what is immediate, the things they see, hear or feel. But because they can move a little and manipulate things, they can change their own world. Parents can help by providing things for babies to look at and hear. They can make sure that these things change so that babies have new worlds to explore. They can talk about the objects and sounds that babies notice. The parent's role is to keep the baby's world interesting and secure.

Stages of Child Development
7 to 12 months

Social Development

Babies between the ages of 7 and 12 months begin to become frightened when they are around new people or in unfamiliar places. Sometimes this is referred to as making strange. This can be particularly difficult when babies begin to cry when picked up by grandparents or other relatives. Parents can help by telling others when babies are at this stage. This will keep others' feelings from being hurt. The parent's role is to reassure the baby that he is safe. Parents can help babies learn that, while some things in their world change, some things stay the same. Parents can give children information, such as, that is your grandma. She is my mother. She was so happy when you were born. It usually works best to let babies take their time deciding when this new world is OK, for example, when it is OK for grandma to hold them.

Physical Development

At this age, babies can use their thumb and forefinger to pick things up. They begin to eat on their own in this way. This is a big step in babies' independence. It is important for parents to know that this is a messy but important step.

Between 7 and 12 months babies can sit unsupported. Parents can help by making sure that babies have safe places to sit, places where babies cannot fall. It is important not to leave sitting babies unattended. Even babies in highchairs can get themselves in dangerous

positions and hurt themselves. The parent's role is to be close by to keep the baby safe.

At this age, babies usually begin to crawl on their hands and knees. At first this is fun for everyone but it creates new challenges for parents. For the first time, babies can get around on their own. They start to pull themselves up to a standing position and may take a few steps. Since they are curious, they get into everything. The parent's role is to provide a secure home and childproof environment for the baby to explore.

Linguistic Development

Between the ages of 7 and 12 months, babies begin to communicate through gestures such as shaking their heads "no." They also imitate other gestures. Parents need to be careful of their behavior in front of them.

At this age, babies also start to say simple words such as "mama" or "dada." At first, babies are only imitating sounds but these quickly come to have meaning for them. Sometimes mothers are hurt if babies learn to say "dada" first. This might happen because "dada" is easier to say or because mothers say the word "dada" frequently to babies. It is important that babies' speech is acknowledged.

Babies will invent words especially if the real word has sounds they cannot say. It is fine to include some of babies' words in adult language, especially names for special people. This is how a lot of nicknames start. It is also important to speak to children in adult language so they learn to speak correctly. Learning to speak correctly is just as easy for babies as learning to speak baby talk.

Emotional Development

Babies between 7 and 12 months are aware when they are alone. At first they will cry. Parents can help by letting children know that, while parents are out of sight, they are close by and will be there when they are needed. With time, children learn to tolerate periods of time alone.

Cognitive Development

At this age, babies shake, bang, and throw things. At first these actions happen by chance but over time they become deliberate. It is important for parents to know that, while the actions might be deliberate, the baby is unaware of the consequences. For example, while babies might deliberately throw toys, they do not mean to break things. Parents can help by keeping breakable objects out of reach and throwing distance of babies.

Between the 7th and 12th month, babies begin to understand that things still exist even if they are out of sight. This is a great time to begin playing peek-a-boo. This game is not fun for children until they reach the age when they look for hidden objects and wait for things and people to return.

Stages of Child Development

1 to 2 years

Social Development

Toddlers begin to imitate the behavior of adults. It is important that adults consider the behavior that they display in front of children.

Toddlers enjoy being around other children. Parents can help by providing opportunities for this. Children learn different things from playing with other children than from playing with adults.

Toddlers begin to become aware of how others feel about them. Parents can help by being clear about their own feelings and by expressing positive, loving feelings to children often.

Physical Development

Toddlers can walk and explore their world. They like to climb on things and jump. As they get a little older they begin to run. Toddlers need a childproof environment. Parents can help toddlers by providing them with the opportunity to explore their world while being close enough to keep them away from danger.

Toddlers can jump with both feet and can kick a ball. They like others to watch them. Parents can help by watching and praising children's achievements. They can play with children, remembering that toddlers' ability to stick to any activity is very limited. The role of the parent is to show interest in children's activities.

Toddlers can ride toys with wheels. They enjoy this sense of power and like others to watch them. Toddlers are not able to tell what is safe and what is not. Parents can help by staying close by so that children try out new skills in safe ways. The role of the parent is to set limits for children in new activities. It is important to know that toddlers will not like these limits. This is discussed under emotional development below.

Linguistic Development

Toddlers speak in phrases and begin to use short sentences. Sometimes they become frustrated because they cannot make themselves understood. Parents can help by trying to understand what children are saying while using adult language rather than mimicking children's speech.

At this age, children follow simple instructions, first one step and then two step directions. Parents can help by being patient with children since they are still learning. They need to be there for the child's safety in case the child does not follow the directions correctly.

Emotional Development

Toddlers begin to see themselves as separate from their parents. They can feed themselves with a spoon and drink from a cup, but they often spill things. Parents can help by creating a safe place to make mistakes, where spills are not disasters. They can also understand that spilling is normal, not naughty behavior.

Toddlers can begin to take off their own clothes. Parents can encourage children to be independent by being patient and providing enough time for them to succeed.

For a while, toddlers become more independent and can be alone without being frightened. Then they go through a time when their separateness becomes frightening to them. They become less confident and again are afraid if they find that they are alone. Parents can help by understanding that this is normal not babyish behavior. Parents can provide children with a safe space to test their independence while staying close by so children can return for security when they get scared.

Sometimes toddlers are proud of what they can do. At other times, they feel their lack of power and they become frustrated. Toddlers need to learn to deal with frustration. Often, they act out their frustrations through tantrums. It helps for parents to understand that tantrums are normal and do end. Parents can help by responding confidently but firmly. Their role is to ensure that the child is not hurt in the tantrum and that limits are set on behavior. (See Time Out, page 66) When children are out of control, they need to know that there is an adult who will take things in hand.

Cognitive Development

Toddlers can recognize familiar objects in pictures. They like things that are familiar and like to point to them. This is a good time to begin using books with them. They need their own books so they can handle them and turn the pages themselves. It is normal for children of this age to hold books upside down and to turn several pages at a time. They are not able to be

careful so their books should be sturdy so that they do not tear with normal toddler use.

Toddlers are learning about their bodies and begin to know the names of some body parts. Parents can use toddlers mimicking behavior to teach them. Parents can ask a question, such as, "Where's your knee?" and touch their own knee. The toddlers will mimic the behavior and, over time, learn where their knees are.

Toddlers can scribble. This behavior helps them to develop the skills that will later enable them to write. Parents can help by planning for toddlers' scribbling. Find a place and surface, perhaps shopping bags or old newspapers, for toddlers to scribble. Supervise them closely so that scribbling stays where it belongs. Comment on children's scribbling ability. Say "no" firmly to attempts to scribble outside the planned area. Keep scribbling tools out of sight when close supervision is not possible.

Stages of Child Development

2 to 3 years

Social Development

Two year olds want to be helpful. They like to be given jobs to do on their own. Parents can help by understanding children's need to be helpful. They can choose activities which children can succeed at and understand that children cannot do things as well as adults.

Children of this age enjoy being with others, both children and adults. Sometimes they will share. At other times they claim what is theirs, often using the word "mine." Parents can help by modeling sharing. They can also discourage any aggressive behavior which children display. At times, the parent's role is to set limits for the two year old because he is not yet able to set limits.

Two year olds can begin to learn to wait for things that they want or need. It is important that the wait be short especially at first so that children do not become insecure about having their needs met.

Physical Development

Two year olds can get around and explore everything. They need increased independence but still require close supervision. They can begin to pedal a tricycle. At times they might want to be pushed but they get particular satisfaction from getting around on their own.

Two year olds are able to play games which involve throwing a ball but they cannot catch a ball yet. They might like to throw a ball to an adult for a while but, as discussed under social development above, they might suddenly take the ball and say "mine."

At this age, children begin to develop the proper muscle control to be ready to be toilet trained. Parents can help by making the use of the bathroom seem safe to children. They can show patience while children test the idea of using the facilities. It is also helpful for parents to understand that children need to learn about their bathroom needs and that almost all children have accidents during this process.

Linguistic Development

Two year olds speak in short sentences most of the time. They can usually make themselves understood. They learn words and apply them to whole categories, for example calling all four-legged animals "doggie." Parents can help by acknowledging what the toddler sees, providing the new word, for example "horse" and a short explanation, such as "horses are bigger than dogs."

At this age, children sometimes make mistakes with language that they did not make when they were younger. This is because when they were younger, they were simply repeating language as they had heard it. Now, they are developing ideas about how language works and testing these ideas out. Parents can help by trying to understand children's ideas and allowing children to try out language ideas. The parent's role is to continue to use adult language so that the child will learn correct patterns.

Emotional Development

Two year olds want their own way. They assert their independence by saying "no" and "mine." They are stubborn and have frequent tantrums. Parents can help by understanding children's behavior and by setting limits, as discussed above under 1 to 2 years. They can allow children to make small decisions for themselves, for example, what book to read or what shirt to wear.

By this age, children can tolerate greater delay of gratification. That means that they can wait to get things that they want or need. Parents can help by being aware of how children are feeling and making expectations which children can meet. Two year olds can wait sometimes. At other times, it is more than they can do. Asking them to wait at the wrong time might just bring on a tantrum.

Two year olds begin to challenge limits. They continue with activities in spite of being told "no." Parents can help by being clear in their own minds about what the limits are and then enforcing them consistently. Limits do not need to be enforced harshly, just consistently. (See Setting Limits, page 73) When limits are broken, it is important that parents make it clear to children that they are disapproving of the behavior, not the child.

Two year olds like to have a routine. For example, they might like to eat the same thing all the time such as peanut butter and jelly. The good news for their parents is that, with some good planning, parents of two year olds can establish routines that will prevent a lot of problems that otherwise make getting through the terrible two's a parent's nightmare.

Cognitive Development

At this age, children begin to pretend. They do not know the difference between what is real and what is fantasy so they often mix the two. Parents can help by listening as children pretend. Sometimes they can pretend with children. It is important to remember that children might get confused and suddenly think that things are real. For example, pretending to disappear by going into the other room might frighten the two year old who suddenly thinks your disappearance is real.

Two year olds like books and can turn pages one at a time. They like to talk about what is in a book and will sit still for very short stories. Since they like routine, they like to look at the same book over and over again. Parents can help by encouraging children to point to pictures that show what the story is about. They can also be understanding of children's short attention spans and not feel hurt or disappointed in children when they suddenly move on to other activities.

Two year olds can begin to sort by shape and color. This fits in very well with their interest in routine. They cannot name these colors and shapes yet. Parents can help by noticing and praising children's abilities. They can do activities with their children. It is important to remember that two year olds might be happy playing together one minute and the next minute might need to show their ownership, saying "mine" and taking back the toys they gladly shared with others a moment ago. Parents can also help by talking as they do activities with children. They can talk about and name things, such as colors and shapes. This will prepare children for the next stages of development.

Stages of Child Development

3 to 4 years

Social Development

Three year olds enjoy the company of others. They engage in what is called parallel play. That means that two or more children might be playing at the same time and even with the same toys but they are playing their own games. They are playing beside each other but not with each other.

Three year olds can share and play smoothly with others. That makes this age a good time for children to start preschool activities. Parents can help by providing children with the opportunity to be with other children, playing together. It is important that adults allow children to play alone. Adults must also be close at hand to ensure children's safety.

Between 3 and 4, children can become competitive with brothers and sisters. Parents can help by letting all of their children know that they are special. They can tell each child what he or she does especially well.

Physical Development

Three year olds can dress themselves with some help. They might need help with clothing which is difficult to get on or to fasten. They will need help choosing clothing which is appropriate to the weather or occasion. Parents can help by talking to children about what they will be doing and what the weather is like. It will probably work better if the parent thinks ahead and says, "What sweater

do you want to wear on such a cold day," than to wait until the child has on a summer shirt and then say, "No, you can't wear that. It's too cold today."

Three year olds can be counted on to use the toilet most of the time. They still are learning and their muscle control is still developing. Parents can help by understanding that accidents are unfortunate for both children and parents.

Children of this age can run easily and like to climb, jump and especially to slide. Parents can help by providing safe play opportunities for children.

Linguistic Development

Three year olds likes stories, songs and books. They can remember parts of these and love to retell those parts. Parents can help by reading and singing to children. They can also allow children to read to and sing to them. It is important that children be allowed to make mistakes in songs and stories. It is even fun for parents and children to change familiar stories and songs as they go along.

Many three year olds like to talk a lot. They also ask a lot of questions. This can be difficult for parents but it is a normal and important part of children's development. When children get answers to questions they learn that learning new things is important to their parents. Three year olds have a great desire to please adults. If adults get annoyed at their questions, children will try to please their parents by not asking questions. Eventually they may stop wondering why. This will make it difficult for them to become a good learner later on in life. Parents can help by answering children's questions when they can. It is OK to set limits and explain that now is not a good time for

questions. However, it is important that parents be sure that there are plenty of good times for children to ask questions and get answers. (See Discipline and Punishment, page 60)

Emotional Development

As already stated, three year olds have a great desire to please adults. They mimic behavior of those around them. Parents can help by praising the behaviors which they want to encourage. It is more challenging to decide how to discourage unwanted behaviors. Parents can help by planning ahead so they know what they want to do when unwanted behaviors occur. (See Discipline and Punishment, page 60)

Children of this age can begin to solve problems with the help of adults. When children bring problems to parents, the adults can help by encouraging children to suggest solutions. It is important that children know that the adult will help them in the process and make sure that the decision is OK for them. This allows children to feel secure enough to begin to suggest solutions.

Three year olds begin to develop feelings of guilt. Parents can help by showing children that they are loved no matter what they do. They can help children separate themselves from their actions.

Most three year olds can separate easily from their caregivers. Parents can help by trying not to feel hurt when this happens. After three years of almost total dependence, children's first acts of independence can leave a parent feeling suddenly unneeded. It is important for parents to realize that this is a normal reaction to children's growing up.

Cognitive Development

Three year olds are good at sorting. They can tell the difference between more colors and shapes than two year olds. This still does not mean that they can name them all.

Three year olds still scribble but can begin to draw simple shapes such as circles and squares. Parents can help by noticing what children can do and by talking with them about their activities. Since children's behavior is not like adults, it is helpful to ask children what they are doing. That allows children to tell parents about themselves and helps parents to talk to children about what the children think is important.

Three year olds are interested in new places, things, people and experiences. Their enthusiasm for learning makes this a wonderful time to take them to new places. Parents need to be close by to make sure that children do not try new activities that are dangerous.

At this age, children learn through their senses: touching, tasting, seeing, hearing and smelling. Parents can help by encouraging children to explore their world while making sure that they are not hurt in the process, for example, by touching the stove.

Three year old have an attention span of about 5 to 10 minutes. This means that they change activities often. Parents can help by planning appropriate activities, ones which do not take too long. Over time, children's attention span will increase naturally.

Stages of Child Development

4 to 5 years

Social Development

Children between the ages of 4 and 5 want to be like others. They might want to wear grown up clothes and sit at the table with grown ups. They try to do things that they see others doing. It is important that parents encourage children to try new things while making sure that they do not try things that are dangerous for them.

Four to 5 year olds want to please. Parents can help them select appropriate activities. Otherwise, children might attempt activities which are too hard and become frustrated, damage things or hurt themselves. Parents can help by telling children when they do things well. Parents might also need to set limits, explaining that children are not old enough for certain activities.

Four year olds begin to play cooperatively, that is they play with others not just beside others. They are learning to share and take turns but it is not always easy for them. Parents can help by providing support when children become upset with this new kind of play.

Physical Development

Between the ages of 4 and 5, children grow a lot. They also eat a lot to keep their bodies going. They climb, jump, walk and run. This helps to develop their large muscles. Parents can help by making sure that children have large spaces in which they can play.

At this age, children can learn to cut with scissors. This helps to develop their small muscle control. Parents can provide safe scissors for children to use and demonstrate how scissors work. Then parents are probably best to allow children to learn by doing the activity independently.

At this age, children are able to use the toilet independently. Parents can help by making sure that children use proper bathroom habits. It is important to do this in a way that allows children to feel that they are in charge.

Linguistic Development

Four year olds can remember and sing familiar songs. Sometimes they sing them over and over. They are also beginning to understand humor, especially silly humor. They enjoy having familiar songs changed in ways that make them funny. Children enjoy it when parents joke with them. Children will try to make jokes and be funny but their efforts often fail because they are just beginning to learn about humor.

Children of this age can recite their names and addresses and begin to print some letters. Parents can help by showing pride in children's accomplishments.

Emotional Development

Children between 4 and 5 still need to be babies sometimes. Parents can help by understanding these changes from wanting to be all grown up to wanting to be a baby. They can provide the kind of security that they provided for children when they were younger. This will enable children to be more independent because they

know, if they need to, they can go to their parents and have their needs met.

At this age, children might begin to test limits by using unacceptable words and behaviors. If they do not do this at 4, they almost surely will at 5. It is important to know that ignoring behavior will often make it go away. Also, children of this age can understand limits. They can be told that they are not to use certain gestures or language. Parents should be prepared for answering questions such as, "How come Aunt Lisa can say it?"

Four year olds tell tales but are a little better able to tell the difference between reality and fantasy. Parents should not be concerned about children's tales but might want to point out that they know they are tales.

Bedtime fears are common between the ages of 4 and 5. Parents can help by assuring children that things are safe. At times it might help to check things out together, for example looking in the closet to make sure that there are no monsters. This activity should be used to reassure the child not to prove the adult's point, "See, I told you no one was in there." It is important to remember that, while the monsters that children talk about might be fantasy, the fears that children feel are real.

Cognitive Development

Four to 5 year olds learn mainly by watching and doing. For example, as discussed above, when learning to use scissors, they learn best by watching someone else and then by doing it themselves.

Between the ages of 4 and 5, children have a vocabulary of nearly 2,000 words. They know the names

of common shapes. They can count to 10, 20, and finally to 30. They realize that words have power and use them to exercise it. They might use shocking language as discussed above or use language to by hurtful or disobedient. As discussed above, parents can first try ignoring the behavior and then set clear limits if ignoring does not work.

Four year old children know one or more colors and begin to count. Parents can help children to identify colors that they know and point out new colors to them. They can engage in counting activities with children. The attention span is about 5 to 10 minutes at this point so parents can plan activities accordingly.

At this age, children begin to develop more ways to solve problems. For example, when dealing with conflict with others, young children might either cry or hit. Then they learn that just the threat of hitting can have good results. Next, they try bribing others, "If I can play with your wagon, you can hold my truck." Finally, children find allies to side with them. Parents can help children to look at possible behaviors in a situation and the consequences of those behaviors. Children do not learn this easily. Often, children will come up with what seems to them to be the quickest solution, such as hitting. It is important in these discussions that if parents do not approve of children's solutions, they criticize the behaviors not the child. Also, there are many problems which children cannot solve. The parent's role in these situations is to solve the problem for the child.

Stages of Child Development

5 to 6 years

Social Development

Five and 5 year olds love to play games but have a hard time sticking to rules and cannot lose easily. Parents can help by playing games with children, allowing children to change the rules if necessary. Parents should not change rules. They can play either by the official rules or by children's rules but should model sticking to the rules. It is also OK for parents to let children win sometimes. Losing all the time is no fun. It can also make children feel that they are losers. (Some Ideas about Play, page 173)

Five year olds begin to form real friendships with other children. They distinguish children they like from those they do not like. Sometimes their feelings change quickly. Parents can help by providing the opportunity for children to spend time with friends. Parents can also help children to understand that, although they do not like everyone, there is no reason to be mean to others.

Five year olds begin to look forward to going to school. even if they are in a preschool setting. They might express attitudes toward other situations such as going to church or visiting relatives. It is normal for children to express strong feelings. Parents can help by allowing children to express likes and hates, knowing that these change often.

Children of this age are anxious to please. They are also at a point where they can do a variety of things on their own and can follow short directions. As a result, 5 year olds are ready to learn the correct way to do many

things such as setting the table. They are physically ready for the activity, they want to make their parents proud and, if shown clearly what to do, they can do a good job. Parents can help by giving 5 year olds responsibility. It is important that the directions provided are clear and that adult support and supervision are there if needed.

Physical Development

Children at this age are continuing to grow and get better at the things they do such as running, jumping and climbing.

Linguistic Development

Five year olds ask questions about everything it seems. This is their way of finding out about their world. They are extremely curious. Parents can help by encouraging children to ask questions. They should provide answers when they can and suggest looking for answers that they do not know. It is important to remember that often children's questions are a lot simpler than they sound. Usually children do not want long answers. If they are still curious, they will come back for more information.

Emotional Development

Between 5 and 6 years, children continue to create fantasies. They begin to know the difference between what is real and what is pretend. Parents can help by gently pointing out the difference between what is real and what is pretend to children.

The emotions of 5 to 6 year olds change quickly. One moment they say, "I love you" and the next, "I hate you." Parents can help by being consistent. Parents can let

children know that no matter what the children do, their parents love them.

At this age, children are ready to begin to learn acceptable ways to express their feelings. It is important for parents to model appropriate ways to express feelings rather than asking children to deny their feelings.

Cognitive Development

The world of the 5 to 6 year old begins to include symbols. They are ready to begin making letters and numbers. Parents can help by reading and writing when children are around. They can spend some time each day reading and writing with children. They can count things when they are together with children, for example, count socks or count spoons. They can also work with children on activities and sing songs with letters and numbers. It is important to know that children are still developing the small muscle control necessary to make letters and numbers correctly. In addition, it is normal for children to reverse letters and numbers while they are learning.

Analyzing Behavior

Let's use our experience as parents to analyze why children behave certain ways at certain ages.

One year old Jenna crawls around the house. She tries to put her finger in the electric socket, she pets the cat roughly, she crawls to a plant and puts dirt in her mouth and then she tries to climb up the stairs and falls on her head. Jenna's dad yells at her and tells her that she's bad and always getting into trouble. Why do you think Jenna did those things?

Five year old Michael wants to hear his mom read *The Little Red Hen* to him every night. When his mom tells him she is bored with this story and wants to read another one, Michael throws a fit and starts to cry, "No, I Want *The Little Red Hen*." His mom says he is a spoiled baby and tells him that when he calms down she'll read him *The Three Bears*. Why do you think Michael likes to hear *The Little Red Hen* every night?

Seven year old Ruby is doing her math homework. She must add seven plus three. She holds up seven fingers and then she holds up three fingers and counts them. Her grandmom yells at her and tells her not to use her fingers. She tells Ruby that's for babies and children who don't know their math. Why do you think Ruby is using her fingers to count?

TIPS FOR SHOPPING WITH CHILDREN

(Setting The Stage For Stress-Free Shopping)

PLAN AHEAD

- **Choose The Right Time** when no one is tired or hungry.
- **Agree On Rules** and rewards before you enter the store.
- **Wear Comfortable Clothes.**
- **Take Along A Favorite Toy** to keep your children occupied.
- **Develop Sign-Language** signals to stop destructive behavior.

AT THE STORE

- **Allow Yourself Time** to move at a less hectic pace.
- **Make A Game Of It** so children feel privileged and not bored.
- **Play "Who Can Find..?"** or other games to keep them involved.
- **Praise/Reinforce Good Behavior.**

IF ALL ELSE FAILS

REMEMBER: KIDS WILL BE KIDS - THEY ARE NOT PERFECT!!

- **Ignore Inappropriate Behavior** unless it's harmful/annoying.
- **Remove A Child Who Is Out Of Control** and find a quiet place.
- **Go Home** if your child won't cooperate. Return alone later.

For More Information, Contact:
THE CHILD ABUSE PREVENTION COMMITTEE OF GREATER PHILADELPHIA
117 S. 17th Street, Suite 608
Philadelphia, PA 19103
(215) 864-1080

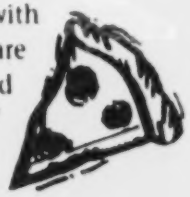
a chapter of the
National Committee for
Prevention of Child Abuse

*Adapted from SCAN/Virginia and Minnesota Chapter of NCPCA
Illustration by Anthony Bernstein

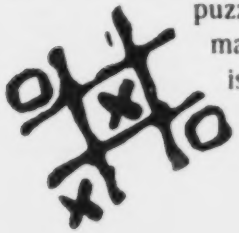
Dining Out with Kids

Nervous about eating in restaurants with your children? Here are a few tips to help make dining out with kids a pleasant experience:

- **Choose family style.** Pick a restaurant that caters to parents and kids. These establishments are experienced in dealing with children and making them feel welcome.
- **Avoid the rush.** Dine at off-peak times. Arrive at the restaurant slightly before or after the busy periods to avoid long lines and waits for meals to be served.
- **Sit by a window.** Kids enjoy watching cars and trucks pass by. A window seat may provide children with a pleasant diversion until their meals are served.
- **Call ahead.** Phone the restaurant before you leave home. Order your meal and tell the manager or waiter when you will arrive. This can reduce the amount of time waiting for meals to be served.
- **Order small.** Don't overwhelm your child with food. Order from the children's menu or share part of your meal with your child. And don't expect your child to "clean their plate." Ask your waiter to put leftovers in a "doggy bag" for the child's lunch or dinner the next day.



- **Stick to the familiar.** Order food your child likes. Don't dine at a Chinese restaurant if your younger dining companions don't have a taste for Asian cuisine. Most times, restaurants aren't the best place to expand a child's culinary appreciation.
- **Keep them busy.** Crayons, books, and word games can keep kids occupied before meals are served. Take along a notepad and pencil. Play tic-tac-toe with the child. Many restaurants also provide paper placemats with crayons, puzzles, connect-the-dots patterns, and mazes for the kids to enjoy before dinner is served.



Source: Child Abuse Prevention Committee of Greater Philadelphia, 117 S. 17th Street, Suite 707, Philadelphia, PA 19103, (215) 864-1080

Planning a Successful Activity

The following activity will help when planning a learning activity to do with children. If you think and plan ahead, the activity can be educational and fun.

Name of Activity _____

What do you know about the activity? _____

_____

Who do you know who does this activity? _____

What questions do you have? _____

_____

Where could you find the answers? _____

_____

How much time do you want to spend on the activity? _____

How much time will you need to spend? _____

What will you have to give up? _____

What are the costs for equipment or fees? _____

Why do you want to try this activity? _____

_____

Are there any ways to try the idea out a little at a time? _____

_____

Communication

Communicating with Children
Communicating Feelings
How Well Do You Know Your Child?
Use Words That Help!
Communicating with Adults
Ideas About Conflict
Five Principles for Handling Disagreements

Communicating with Children

Communication with children begins when they are infants. (There are people who think that there is communication between a pregnant woman and her unborn child.) While infants do not know the meaning of words that are spoken to them, they can sense the feelings behind what is said. Infants can tell if adults around them are happy and friendly. They can feel when they are angry or sad. Parents can communicate their love to children from birth. This is the beginning of good communication with children.

Communication means both talking and listening. How children learn to communicate depends on their experiences communicating with others, especially with their parents. Children can learn to talk about their activities because others listen and share their excitement. They can also learn to be quiet and keep out of the way of adults who are busy or tired. Children can learn to tell adults what they need and how they feel. They can also learn to keep their needs and feelings to themselves if they find that no one listens to them.

Parents can provide good models for children, sharing their experiences, ideas, and feelings with their children. This will help children become good listeners and be interested in others. Parents can listen when children want to share with them. This will help children to feel that what they have to say is important to others. In this way, children develop good communication patterns that continue through life.

Communication needs change as children grow. They learn to wait their turn, not to interrupt. They develop a sense of privacy and choose what things to share and what to keep secret. Parents can help children to continue to grow in good communication skills by understanding children's development

so that they do not blame children for behavior which is typical of their age. For example, parents should not blame a child for "lying" when the child is too young to tell the difference between reality and fantasy. Instead, the parent can use this as an opportunity to show the child the difference between the two.

Communication varies from one child to another. Some children, like some adults, talk a lot. Others are quiet. Quiet individuals might simply enjoy sitting back and listening. Communication will be better if adults respect children's own styles. However, it is important to make sure that a child is not being quiet because he or she feels left out or unappreciated.

Good communication does not mean saying everything that is on one's mine. Everyone has a right to privacy. There are times when parents need to tell children that they do not want to talk about something because it is private. Children may express this same need by saying that something is a secret.

No matter how hard parents work at communicating with their children, there are times when communication breaks down. For example, adolescents focus on communicating with their peers more than on communicating with their parents. This is a difficult stage for both parents and children. Children want and need to be independent, but they are learning what that means. Parents want the best for their children, but they know the children need to make independent decisions. This is when good listening skills will pay off. Most adolescents will eventually share if they know they will be heard.

Parents and children who develop good communication patterns, usually continue that way throughout life. They enjoy sharing thoughts and feelings in good times and find ways to make it through the tough times. In the end, parents and children can enjoy each other and communicate as adults.

Communicating Feelings

One side of communicating feelings involves letting others know how we feel and why we feel that way. The other side of communicating feelings means listening to how others feel and why they feel that way.

Communicating feelings can be especially challenging. It is important to remember some points about feelings.

• Feelings are not good or bad, they just are. Sometimes people are embarrassed about their feelings. At times it seems easier to avoid communicating feelings. However, this usually does not work. Even if we do not express how we feel in words, it comes out in other ways. This can cause communication problems because we give mixed messages. That means, we say one thing and do another. For example, if we tell children that we love them and then do not listen to what they have to say, children become confused and communication breaks down. Another example would be telling children that we are angry at them for misbehaving and then buying them toys to keep them quiet.

• We may not be able to **do** anything about the way another person is feeling. Each person is responsible for his or her feelings. We may not be able to **do** anything about the way another person is feeling and sometimes all another person can do for us is understand how we feel. Even though this is the case, communicating feelings is worth the effort. Communicating feelings is a way of being honest. It is a way of taking responsibility for ourselves. If we say that something makes us feel good or makes us angry, we are letting others know something about ourselves and our needs. Children learn important lessons about honesty when feelings are communicated openly.

• Communicating feelings does not mean deliberately saying hurtful things to others or hurting hurting another physically. For this reason, it is important to make it clear that we are talking about how **we** feel rather than what the **other person** did to us. This is referred to as using "I statements." For example, it usually works much better to say, "I feel worried when it gets late and I do not know where you are," rather than "You don't think of anyone but yourself. I'm home scared to death and you don't even care." It is particularly important not to use feelings as an excuse to become physical with others. When feelings get too high, it is probably a good idea to end the conversation until everyone cools off.

There are times when our feelings are mixed or unclear. This can be communicated, too, even to children. Parents can explain that they are interested in what children have to say but that they are very tired and would like to spend time together when they can listen better. Parents can tell a child that they are angry right now but that they still love the child.

Sometimes children have a hard time knowing how they feel. Parents can help children learn about and communicate feelings. For example, a mother can tell a child something that happened to her when she was young and how it made her feel. Parents can also name feelings that would be appropriate in a situation, for example, "I imagine you are angry that your toy was broken. I would be angry if that happened to me." This helps children to be aware of their feelings and to realize that it is OK to feel that way.

There is only one way to learn to communicate feelings, and that is to do it. As people communicate more, they get to know each other better. This makes communicating easier.
Communicating feelings is not easy, but it is worth the effort.

How Well Do You Know Your Child?

Living with a child means nurturing, teaching, talking and listening. It means *spending time together.* But, no matter how much time we spend with another person, there are [illegible] things we don't notice or don't know about that [illegible].

The following questions were developed to help you learn more about what your child is thinking and feeling. If you have more than one child, you might want to answer these questions for each one. After you've thought about the answers, ask your child these questions and compare the results! *And remember, it works both ways. Your child should have the chance to get to know who you are, so try having him or her ask you these questions! Have fun!*

1. What really makes you/your child angry?
2. Who is your child's best friend?
3. What color would he/she like his/her room to be?
4. Who is your child's hero?
5. What is your child's favorite food?
6. What embarrasses your child most?
7. What is your child most afraid of? What are some other fears?
8. What is your child's favorite subject in school? Most difficult subject?
9. What are some of the things he/she likes and dislikes about school?
10. How does he/she feel other people see him/her?
11. If your child could buy anything in the world, what would it be?
12. What is his/her favorite TV show?
13. What would your child most like to change about the family?
14. What accomplishment does your child feel most proud of?
15. What has been the biggest disappointment in your child's life?
16. What is your child's favorite thing to do on weekends and holidays?
17. Does your child feel too big/too small for his/her age?
18. What gift does your child most cherish?
19. What person outside the family has most influenced your child's life?
20. What is your child's favorite time to do homework?
21. Does your child feel he/she is treated fairly at home?
22. What about you would your child most like to change?

Source: Child Abuse Prevention Committee of Greater Philadelphia, 117 S. 17th Street, Suite 707, Philadelphia, PA 19103, (215) 864-1080

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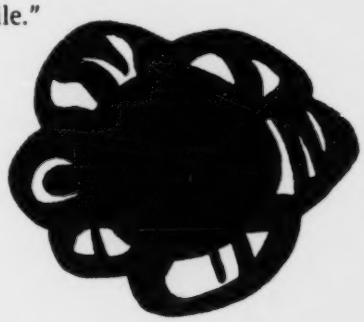
Use Words That Help!

The everyday things you say to children help to shape how they see themselves today — and tomorrow. By using words that help, you are nurturing your child's self-esteem, self-confidence, school achievements, positive social growth, and healthy outlook on life. In the long run, you are helping your child develop into a productive and emotionally healthy adult! Make it a point — every day — to use three or more of these positive phrases when talking to your child. You can even add more of your own positive phrases to the list!

- "You make me so happy."
- "You can do it!"
- "Great job!"
- "You look great!"
- "You're such a help!"
- "You're so much fun to have around."
- "I don't know what I'd do without you!"
- "You have such a great smile."
- "You're wonderful."
- "I'm so proud of you."
- "I have faith in you."
- "I love you so much."



Source: Child Abuse Prevention Committee of Greater Philadelphia, 117 S. 17th Street, Suite 707, Philadelphia, PA 19103, (215) 864-1080

Communicating with Adults

Communicating with adults is much like communicating with children. It requires speaking and listening. Honesty is important. Different people have different communication styles. And communication is often a challenge.

One big difference in communicating with adults is that both individuals have equal responsibility for the process. Another difference is that each adult has different experiences with communication and different expectations.

It is important to begin communication by being clear about the request. This does not have to be formal. A question such as, "I really need to share a new idea with someone," works well. It allows the other person to decide if he or she is able to participate in the conversation. Communication can break down if the request is not clear. Sometimes people ask, "Do you have a minute?" Then they begin to tell the listener a long story. If the request had been communicated more clearly, the listener would have had the opportunity to explain that he or she did not have the time to listen to a long story right now but would like to talk later.

It is also important to be clear about the content of the communication. If there are feelings that will be brought out or if assistance is expected to solve a problem, this should be clear from the beginning. Again, this gives the listener the opportunity to decide if he or she is able to participate fully in the process. If one person tries to be heard when the other person is not ready to discuss a topic, communication breaks down.

Communication also breaks down when one person tries to slip in an issue, rather than addressing it directly. This happens, for example, when the identified topic is a child's

misbehavior but the hidden agenda is the other person's lack of responsibility in parenting. This is common when feelings are involved, especially if the feelings are not clearly stated. (See Communicating Feelings, page 47) This communication is not honest. It destroys the trust between the two people. It usually makes the listener feel defensive rather than open. Trust and openness are key ingredients to good communication. Lack of honesty and defensiveness lead to a break down in communication.

Honest communication does not mean telling all. Each person decides what he or she wants to share with each other person. There are probably things we tell our partners but not our friends. There may be things we tell our friends but not our family. Everyone is entitled to privacy. However, things that are private do not have to seem like secrets or mysteries. If a private topic comes up in conversation, it is best to communicate the fact that it is not something that we want to discuss.

Openness does not mean accepting everything that is said. It does mean allowing the other person to say what is on his or her mind as long as those things are not abusive. Once the other person's points have been heard, the listener then has the chance to tell how things look from his or her point of view.

Finally, all communication takes work. Usually, as people communicate more, they get to know each other better and communication gets easier. Sometimes, people decide that they are not able to communicate or that it is not worth the effort. The responsibility to continue to work at communicating depends on the relationship between the individuals. The decision not to work on communicating may be OK between two adults. It is important, however, to realize the consequence of this decision: usually giving up on communication means giving up on a relationship.

IDEAS ABOUT CONFLICT

1. Conflict is a natural part of life.
2. Our assumptions affect the outcome of conflict.
3. Certain skills can help resolve conflict.
4. We can learn these skills through practice.
5. The instructor will demonstrate some skills which will help us explore ideas about conflict resolution.
6. Each of us must adapt and use these skills in our own way. No one else can tell us what will or will not work in our lives.

Ideas About Conflict

Taken from Conflict Resolution Skills by Monty Wilson, Center for Literacy, Inc., Philadelphia, PA, 1993.

Five Principles for Handling Disagreements

1. Communicate - it is essential.
2. Don't struggler over power - it's deadly.
3. Take responsibility for feelings and issues.
4. Separate feelings and issues.
5. Keep inventing solutions.

Conflict Resolution
Center for Literacy, Inc., Philadelphia.

Discipline

What is Discipline?
What is Punishment?
Discipline and Punishment
Discipline and Your Child
Questions and Answers about Disciple and Punishment
Time Out
Take Time Out
Examples of Appropriate Punishments
Think Before Punishing
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Setting Limits (Worksheet)
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Speaking as a Parent, Whose Problem?

What is Discipline?

Often when we think of discipline, we think punishment. Discipline is a lot more than that. Here are some meanings of the word from *Webster's New Twentieth Century Dictionary*:

- training that develops self-control, character, or orderliness or efficiency;
- a system of rules or methods;
- anything taught; branch of knowledge or learning.

Discipline:

- involves deciding what activities we value - Discipline takes time. Parents need to decide what they want for their children and develop plans to support these values. For example, a parent who values education needs to be sure that children have a place to do homework.

- means deciding on rules - Parents need to tell children clearly what the rules and expectations are.

- involves enforcing rules consistently - When parents change rules or the consequences of breaking rules, children receive a mixed message. They cannot learn the discipline parents intended to teach.

- requires self-control - Parents must have discipline themselves in order to teach and enforce discipline. Parents are role models for children.

- gives the child a sense of control - Children who know what is expected of them and the consequences of their behavior, can make decisions securely.

- is needed by people throughout their lives - Adults and children need discipline. If parents have discipline, it is easier for them to discipline their children. "Do as I say, not as I do" does not work well.

- is different at different stages of development - Discipline should be appropriate to the age of the child. In discipline, rules change according to needs. As children get older, they can have input into the rules.

- is learned - Parents must be present in order to discipline young children. But as children grow older, they take the discipline they have learned with them into other areas of their lives.

- involves love - It takes time and energy to discipline. This tells children that they are important to us.

What is Punishment?

Discipline and punishment are not the same.

Punishment:

- can mean doing something to the child - When a child does something which we consider "bad," we hit the child or send the child to his or her room.

- can mean taking something away from the child - When the child misbehaves, we take away TV watching time or play time.

- can be physical, or mental - Telling a child, "You're bad" or "I don't know when you'll learn" are forms of mental punishment.

- often does not involve much planning - Punishment is often given out of anger. It has as much to do with how the parent feels as with what the child did.

- requires that the parent is present - Unlike discipline which grows and becomes part of an individual, punishment depends on the presence of another who is watching what is going on and determining the consequences.

- says that the parent is in control - Punishment says, "I'm bigger than you and I can make you do what I say."

So what is wrong with punishment?

- Punishment doesn't work in the long run. A child who is punished for playing with matches will try to avoid getting caught again. This does not mean that the child will stop playing with matches. The child might look for a secret place such as a closet or the basement to play with matches.

- Punishment does not suggest what the child should do. Finding something to do can be a challenge. Parents should help children decide what to do and keep an eye out to see that they are still doing that activity.

- Punishment does not help children learn values which can be used in other situations. Children need help to think things through. For example, if a child learns not to play with matches because it is dangerous, the child has begun to learn a value which will help in making decisions later on about other dangers such as drugs and alcohol.

Discipline and Punishment

Parents might try to discourage "bad" behavior by either ignoring, disapproving, or punishing a child for it.

Sometimes ignoring "bad" behavior is enough to make it stop. Children, especially when they are young, seek their parents' attention. As a result, activities which get attention will often be repeated and those that are ignored will stop.

Sometimes parents ignore children when they are "good," quiet, or engaged in an activity which is part of normal development. Even attempts for positive attention from a child might be ignored. For example, three and four year olds love to ask "why." It is part of their attempt to figure out the world. This can be tiring and sometimes it is easier to say, "Leave me alone" or "Stop asking questions." However, this denies attention to the child for simply acting his or her age.

Sometimes children get the most attention when they are "bad," noisy, or doing inappropriate things. When this is the case, children learn that, to get attention, they must be "bad." Since children need their parents' attention, if the only time they get it is when they are "bad," they will probably learn to be "bad.".

Often parents can discourage "bad" behavior by showing their disapproval. It is important that the disapproval be shown for the behavior, not for the child. It usually works best to offer children an alternative, suggesting what would be considered "good" behavior in the situation. In other words, rather than saying, "don't hit your sister," it might work better to say, "Your sister is still little. Can you help her get her coat on? She can't do it by herself like you can." When the child engages in the

suggested behavior, it is important to show even more approval for the "good" behavior than the disapproval that was shown for the "bad" behavior.

Although many authorities feel that punishment is not very effective, most parents do punish at times. It is important that punishment relate to the nature of the behavior. Making a child repay stolen money from his or her allowance will help the child understand the consequences of stealing better than physical punishment. It takes time and energy to determine a punishment which is appropriate to a misbehavior. It also takes time and energy to enforce such a punishment. For example, if a child stole $2 from his or her mother's purse and is made to repay $.25 from a weekly allowance, the parent must invest eight weeks in monitoring the repayment. The message to the child is that he or she is important enough, and that learning right from wrong is important enough for the parent to invest this amount of time.

It is sometimes tempting to use physical punishment because it is quick and ends things. On the other hand, being deprived of $.25 of an allowance for eight weeks is more likely to help the child understand the consequences of stealing.

It is also important that punishment relate to the severity of the behavior. Sometimes parents punish according to how angry they are. Their anger might be related to a lot of things other than the child's behavior. When parents punish behavior inconsistently, children are not able to tell how serious their parents really think their behavior is. When parents punish one time and not the next, children learn that the punishment is related to their parents' moods, not their behavior. When punishment is inconsistent, children will often misbehave and take the chance that this is one of the times when they will not be punished.

Finally, parents need to think about why they are punishing. When a parent punishes a child out of anger, the child learns that bigger people can hurt littler people when they want. When a parent punishes a child out of concern, the child learns that big people are responsible for seeing that little people do the right thing.

Discipline and Your Child

"What's the best way to discipline my child?"

That's one of the most common questions parents ask child care professionals.

The truth is, there's no one best way to discipline children. However, spanking, yelling, insults, and other harsh and harmful types of punishment are not effective forms of discipline.

Discipline is a way of helping to develop self-control in children, encourage appropriate behavior, and prevent behavior problems later in a child's life.

Parents can encourage positive and appropriate behavior in children through these basic steps:

- **Give children love and affection.** Children need to know they are loved. Hugs, kisses, smiles, kind words, and compliments go a long way in letting children know they are important and valued members of the family. Catch your child "being good." And let him or her know that you appreciate that type of behavior.

- **Pay attention.** Listen to children when they talk to you. Respect their opinions, thoughts, and emotions — even when you might not always agree with their feelings.

- **Set realistic limits.** Let your child know what you consider appropriate and inappropriate behavior. Remind children often what you expect of them. Reward appropriate behavior (withhold rewards for inappropriate behavior.) Revise limits when they seem to be too strict or too lax. Understand that limits need to change as your child gets older. Most of all, remember to enforce limits consistently, firmly, and fairly.

Source: Child Abuse Prevention Committee of Greater Philadelphia, 117 S. 17th Street, Suite 707, Philadelphia, PA 19103, (215) 864-1080

Questions and Answers about Discipline and Punishment[1]

Question: My children always ask "why." How should a parent deal with this?

Answer: Children ask why because they are looking for information and trying to figure out their world. When this seems to be the case, it is a good idea to try to answer their questions.

Question: Why do my children ask questions and then not listen to the answer?

Answer: Sometimes adults think that children are asking bigger questions than they really are. Other times, children's questions require long answers. Since young children have short attention spans, it is usually a good idea to keep the answers to their questions brief. As children get older, the answers to their questions can get longer. If children ask questions which require very long answers, try giving them part of the answer and suggesting that you talk about it more at another time.

Sometimes children don't listen because the question was asked as a challenge to parents' authority, not for information. If an answer can be provided, parents' authority is not compromised by giving the child an answer. However, if it is not possible to explain something to children in terms that they understand or in a way that satisfies them, a parent should tell

children that, although they do not understand, they are expected to obey.

Question: What if I don't know the answer to my children's questions?

Answer: Tell them you don't know the answer but that you will find out and let them know. Another approach is to suggest that you try to find out the answer together. Brainstorm where you could find the answer, for example, from a relative or at the library, and then plan a time to collect the information.

1. Questions and some of the answers were provided by CFL's Healthy Start class which meets at the Kingsessing Library.

Time Out[1]

One way to deal with unacceptable behavior is to call a time out. At first, parents are the ones who call time out. In time, children often learn to tell when they are loosing control and may ask for a time out. This is a good sign that children are learning the discipline of controlling their own behavior.

How to use Time Out:

1. Sit the child down for a set period of time. Three minutes is an appropriate amount of time for a 2 year old. Add 3 minutes for every additional year, for example, 6 minutes for a 3 year old, 9 minutes for a 4 year old and so on.

2. If the child continues to misbehave during the time out, say calmly, "That's OK."

3. After the set time period is over, ask the child, "Are you ready to behave?"
   - If the child says yes, allow the child to return to his or her activities.
   - If the child does not answer or says no, say, "It seems like you are not ready to behave yet. You need to sit there until you are ready." Check back in after about 1 additional minute and ask again if the child is ready.

Why use time out?

- Time out sets clear consequences for behavior.

- Time out makes it clear that the child is responsible for his or her behavior.

- Time out provides an opportunity for a child to think about his or her behavior.
- Time out requires the child to change his or her behavior.
- Time out establishes a pattern which is helpful throughout life, stepping back when things get the best of us and thinking the situation through.

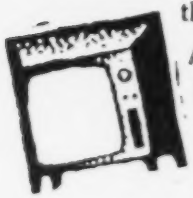
1. Special thanks to Queenie, a student in CFL's Healthy Start class which meets at the Kingsessing Library, for this information.

Take Time-Out

Raising a child can be frustrating — even for the most patient of parents. And in too many cases, that frustration leads to abuse. But it doesn't have to be that way. Here are time-out ideas for parents who might be on the verge of abusing their children:

- Stop what you are doing. Think about what you might do next to the child. Then come up with a more positive solution.
- Breath deep. Inhale. Exhale. Slowly and even more slowly. Let the anger out of your body.
- Count to 10. Then 20. Say the alphabet out loud, forwards and backwards.

- Pick up the phone. Talk to a relative or friend. Let them help you calm down.
- Hug a pillow. Lie on the floor. Take a hot bath or a cold shower. Do some sit-ups. Turn your anger into constructive physical activity.
- Read a book. Listen to music. Watch television. Do anything that will take the edge off your anger.



Always remember that the safety of the child is most important. If you need a time-out, make sure the child cannot hurt him- or herself. If necessary have a friend or relative stay with the child while you take a time-out.

Source: Child Abuse Prevention Committee of Greater Philadelphia, 117 S. 17th Street, Suite 707, Philadelphia, PA 19103, (215) 864-1080

Examples of Appropriate Punishments

Behavior	Punishment
The child bites or hits others.	The parent makes the child sit alone for a while.
The child is loud and misbehaves in a public place.	An adult takes the child out of the place and waits for the child to calm down before returning.
The child does not eat dinner.	The parent does not give the child dessert.
The child deliberately destroys another child's toy.	The parent or the child selects one of the child's own toys to replace the broken one.
The child does not put away toys.	The parent does not allow the child to play with any other toys until the first toys are put away.
The child does not do homework.	The parent takes away TV time from the child.
The child goes somewhere he or she has been told not to go.	The parent requires the child to report in frequently during play time.
The child does not respect curfew.	The parent "grounds" the child.
The child takes money.	The parent deducts money from the child's allowance.

- Was the behavior deliberate?

We all make mistakes. Being punished for mistakes can make children afraid to try

- Is the behavior typical for the child's age?

For example, it is common for two year olds to say "No." They are beginning to learn that they have a mind of their own. They need help in learning how to use their mind. They also need patience.

- Is this the first time the behavior has happened?

Children will experiment. That is how they learn. Sometimes they make bad decisions. They do not know what is right and what is wrong. The first time a behavior happens, explain to the child that it is wrong and why.

- Did the child understand the consequences of the behavior?

Children need to know what they are expected to do and not do. They also need to know what will happen if they do things they should not do. If the child knew the consequences, then the consequences should be imposed.

- Is this repeated behavior?

If the behavior is repeated, there is a reason. Perhaps the child still does not understand what behavior is considered wrong. Another possibility is that the child has gotten a mixed message. He or she has done the same thing before and been allowed to get away with it. Maybe the adults even laughed about what the child did. In this case, the child is confused. Expectations and consequences need to be clarified and imposed consistently.

- How dangerous is the activity to the child?

If the activity puts the child in danger, the parent must intervene and physically stop it. For example, a young child playing in the street must be removed from the street immediately. Any discussion or other consequences should be dealt with later.

- Are you upset about something else?

Your feelings will affect how you react to your children's behavior. This is natural. That is why it is important to stop and think of how you are feeling before you punish. If necessary, take some time. Send the child to his or her room for a few minutes while you think things through.

12 ALTERNATIVES TO WHACKING YOUR KID

When the big and little problems of your everyday life pile up to the point where you feel like lashing out--**Stop. Take time out. Don't take it out on your kid.** Try any or all of these simple alternatives--whatever works for you.

1. Stop in your tracks. Step back. Sit down.
2. Take five deep breaths. Inhale. Exhale. Slowly, Slowly.
3. Count to 10. Better yet, 20. Or, say the alphabet out loud.
4. Phone a friend. A relative. Even the weather.
5. Still mad? Punch a pillow. Or, munch an apple.
6. Thumb through a magazine, book, newspaper, photo album.
7. Do some sit-ups.
8. Pick up a pencil and write down your thoughts.
9. Take a hot bath. Or, a cold shower.
10. Lie down on the floor, or just put up your feet.
11. Put on your favorite record.
12. Water your plants.

FOR FURTHER INFORMATION, PLEASE CALL THE GREATER PHILADELPHIA CHAPTER OF THE NATIONAL COMMITTEE FOR PREVENTION OF CHILD ABUSE, 1518 WALNUT STREET, SUITE 907, PHILADELPHIA, PA AT (215) 735-8060 OR 8067.

Setting Limits

Children need to know that there is an adult who is responsible for them. They need to know that someone will step in and stop them if there is a problem. In other words, they need to know that their parents will set limits on their behavior.

When parents set limits on children's behavior, they need to think first of the consequences of the behavior. If the behavior is dangerous, there is no room to negotiate limits. Parents need to keep children safe by setting absolute limits.

- You may not play with matches.
- You may not run into the street.

When the consequences of the behavior are not serious, limits are not so clear.

- If relatives are visiting, children might be permitted to stay up a little later without any serious consequences.

- An extra piece of candy at a party will not ruin children's teeth or eating habits.

To set limits in these situations:

- Parents need to be clear about their own limits. Parents have needs, too. Parents need some time to be alone. They need to get proper rest. They need to have time with other adults. It is reasonable to set limits on children which allow parents to meet their own needs.

- Parents need to be clear about their goals. Thinking about why a certain limit has been set will help in enforcing the limit. It will help parents know when to change limits.

- Parents need to understand what is reasonable to expect of children at different ages. Setting limits which a child cannot meet leads to failure and frustration. For example, most two year olds cannot sit still for long. When limits cannot be met, children learn to ignore them.

- Parents need to be clear about what the limits are and stick to them. If parents enforce limits only when it is convenient for them, children become confused.

- Parents need to be flexible enough to make limits workable. There are times when limits need to be changed. Children can learn that limits are different at different times, for example, when they are at grandmas or when they are sick.

Setting Limits

General Rules	Applied to Homework
The limit must be clear.	*Example: You must finish all of your homework before you watch any TV*
The limit should be explained.	
The limit should be total rather than partial. (What does it mean to have the radio on low?)	
The limit must be stated firmly.	
Limits must be enforced consistently.	
Children should be allowed to say what they think and feel about the limit.	
Limits should be renegotiated at a pre-determined time if necessary.	
Success which results from compliance with limits should be acknowledged.	
Other	

Parents who need to learn discipline

by Lucia Herndon

George Barfield is trying to end a tradition of abuse.

The sting is just as sharp today as it was decades ago for George Barfield.

"It was not unusual for my father to be mad at me and say, "Get undressed, get into the bathtub, and bring the electric cord when you come,"" said Barfield, now 53. "It was called discipline, but what it was was abuse, plain and simple."

It took Barfield years to learn the difference. He was the father of five by the time he was 30 and continued the tradition of corporal punishment and verbal abuse without too much thought.

It was his decision, at age 37, to get a college education that made him aware of several things about his life. One was that "what I thought was instruction was noting but physical abuse," he said. And as he worked on his degree in education and a master's degree in therapeutic recreation, he became a man with a mission: to prevent and eliminate abuse in families.

Barfield, who grew up in Baltimore and Annapolis and now lives in Benton Harbor, Mich., is a national consultant with the Nurturing Programs, an organization aimed at helping dysfunctiona. families.

"This country does not define abuse," he said while in Philadelphia recently leading a workshop for social workers who deal with troubled families. Barfield has a definition though: "Abuse is anything that doesn't help a child feel good about himself. That includes all hitting, spanking, yelling, belting and name-calling that "shatter the self-esteem of a child."

This definition, it seems to m, would make all parents at one time or another abusers. Seems a little harsh.

"But true," he said. "At one end of the spectrum is abuse and at the other is nurturing. We all fall somewhere in between. The goal is to be more at the nurturing end than the abuse end.

And that can only be accomplished through education, Barfield says. Which is difficult because people get invested in the way they do things - often because that is what was done to them.

"Lots of parents will tell you, 'My mother used to beat me. It didn't do me any harm,'" Barfield said. "But I ask parents to remember back. Did it make you feel good about yourself? Did it make you feel like a better child? I bet not."

How does his message play with black families for whom spanking has been a traditional method of discipline?

"I ask the same questions," said Barfield, who is black. "Just because something is a tradition does not mean it should be continued. Slavery was once a tradition, women not getting an education was once a tradition. But those traditions, thank God, have ended. We can end this one. too."

Abuse most often is found in poor families because they are already under the scrutiny of government agencies, Barfield said. "But abuse occurs in families regardless of income.

Families with money can stay out of the system and the abuse becomes ingrained and passed along to the next generation without comment."

So how do you end it? Realistically, can it be done?

Barfield admits it's a struggle. "Most parents will say they want what is best for their child," he said. "But what we must do is show them that spanking, hitting, screaming is not the best for their child. The job is to get that message across to parents today. If we can bread the cycle of abuse with this generation of parents, their children and their grandchildren will be the ones to benefit."

So Barfield travels the country speaking to parents' groups, social workers, church groups. He is undaunted by the size of his mission.

"The children are the ones who will benefit immediately from this," he said. "But our whole country, our whole society, will be the winners."

Philadelphia Inquirer
September 29, 1993

SPEAKING AS A PARENT

Whose Problem?

by Pamela Haines

A child's behavior has become intolerable. It has to stop. We do what is necessary to make them change, as kindly and lovingly as possible, and a rational order is restored to the environment. What other choice is there? Certainly it's in nobody's interest to have intolerable behavior continue.

But — what is the objective definition of intolerable behavior? When push comes to shove, it has to mean behavior which that particular adult, in that particular situation, can't tolerate. Seen this way, the situation is not so clear. Is the problem the child's behavior or the adult's lack of tolerance?

The place I see this most clearly for myself is bedtime. There often comes a time in the evening when I'm just *done*. I've finished being a parent for the day. Three minutes ago I might have been joking or playing with them, or easily responding to their requests for aid or attention, but now I'm done. Their attempts to get more out of me — often a repeat of what they were doing three minutes ago — have become intolerable.

The issue here is clearly my tolerance and not their behavior. Of course, on one level there's a question of workability. If the adult can't live with or function around what the child is doing, regardless of the reason, then the situation isn't workable and something needs to change. But it's always useful to ask the questions "*Who* has the problem here?" "*What needs to change?*"

There may be some behavior that can be objectively defined as needing to change — behavior that is willfully damaging — to another person, the environment, or to one's own self. But between that and clearly "appropriate" behavior lies a great marshland of gray.

Sometimes, even though the behavior lies in that marshland, I see the child (or the children) clearly, and have a pretty good idea of what's going on for them. I can help problem solve and mediate, and offer alternative ways of doing things. Other times, I see them testing a limit, looking for a way to show disappointment, targeting another child as a way to vent their underlying feelings without having to say much about the "appropriateness" of the surface behavior at all.

But other times, my feelings are part of the tangle. The only thing that's clear is that I don't like what's going on, and want it to stop. Then there are questions I try to ask myself (though, in reality, I don't usually think of them until later, after I've already intervened in some heavy-handed, adult-authority-wielding way). "Does this *always* bother me, or is it just getting me now?" "Does this bother *everybody*, or is it just me?" "Does this bother me when *every* child does it, or is it just this particular child?" "What is it that I simply can't stand?"

In my best moments, I am more accurate in my communication with them. "I'm sorry, but I've gotten so tired that it just isn't going to work to play that game anymore." "Climbing up there may be safe, but it really scares me. I'm going to ask you to wait til your dad's here so he can help you judge." "You know, I just can't stand listening to this kind of argument. Maybe it makes sense and maybe it doesn't — and it certainly doesn't seem to bother you as much as it bothers me — but you're going to have to find another way to do it when I'm around."

I've found children quite responsive to this approach. After all, they have to find out their way around the irrationalities of adults, often put forth as rules of behavior, all the time. It's probably very refreshing to have the reality acknowledged: we have our problems too.

Pamela Haines is editor of "Our Children, Ourselves," a journal for parents, and works at the Philadelphia Community School and Family Center.

Formal Education

Are You Prepared for Kindergarten?
Kindergarten Pays Off–Now and in the Future
Getting to School
So You're Going to a Parent/Teacher Conference
The Right to Inspect Your Child's Records
School Transfers
What to Do if Your Child Is Suspended
Rights of Students with Disabilities
An Experiment in the Art of Learning
Learning Spot Worksheet

ARE YOU PREPARED FOR KINDERGARTEN ?

Helpful Hints Before Enrolling Your Child in Kindergarten

- Teach your child to be safe.
  He/She should know:
  - first and last name
  - parent(s) name
  - home address & telephone number
  - safest route to school

- Make a site visit to the school.
  How safe is it?
  - Do the children walk with buddies?
  - Can any one pick up the children?
  - Are all doors open?
  - Are monitors at the doors?

Meet the principal, kindergarten teacher, counselor and nurse. Walk around to visit the children's bathroom: Is it supplied and clean? Is there a kindergarten bathroom?

- Talk to the kindergarten teacher:
  - Obtain a description of the day.
  - Are there naps/quiet time
  - Is there lunch at school? In the classroom?
  - Where does the child get dropped off? Picked up?
  - What is the procedure for inclement weather?
  - What is the procedure for sending children home?
  - What is the procedure for leaving school early?
  - What is class size? The length of the day?
  - What is the switch procedure of A.M. - P.M. kindergarten?

- Talk to another parent from the school.

- Take your child for a visit to the school to see the current kindergarten class.

- Protect your child's health before starting school - have a doctor:
  - get immunization completed
  - check speech, hearing and vision
  - check overall health

- Register before the first day of school.

- Become familiar with the school system:
  - school handbook
  - standardized curriculum for kindergarten

- Take an active part in your school:
  - join the Home & School Association
  - attend school programs
  - visit classrooms
  - go to report card conferences

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Kindergarten pays off — now and in the future

By **SHELLY D. YANOFF**
and **DEBRA WEINER**

It's hard to find anyone who disagrees that it makes sense to invest in the early development of children. Studies of Head Start and other preschool programs around the country have shown how they improve the life chances of participants once they become adults.

Local data are equally impressive. The Philadelphia School District found significant differences when it measured the first grade academic performance of students who had attended a full-day kindergarten, those who had attended kindergarten for half a day, and those who had not attended kindergarten at all. (Remember, Pennsylvania is one of the few states in the country that does not make kindergarten mandatory, a terrible example of short-sighted thinking.)

In reading, children who spent a full day in kindergarten achieved an average percentile rank of 46 compared to 37 for those who spent a half day, and 27, for those who did not go to kindergarten. In math, the figures were 64 for full day, 54 for half and 44 those who didn't attend.

Most people looking at these numbers would have the same reaction: They would insist that every child be enrolled in full-day kindergarten. And, in fact, in the last five years, more and more of Philadelphia's kindergarten programs were running for a full day. Results were impressive. Kids from poor neighborhoods began catching up with their luckier peers.

But, in an effort to cut short-term costs and provide more children with kindergarten — even if for only half a day — the School District stopped providing more full-day programs, braking the progress it had been making.

When the School District discovered last fall that it had an unanticipated $12 million budget surplus, it didn't seek to expand its kindergarten programs — either half or full day. It banked the funds for a rainy day. But it's raining all the time on too many of our children. They should be able to bank on us.

One of these days, maybe we'll wake up to the realization that shortchanging our children at the beginning of their schooling is a costly mistake. As children fall behind in school, we often find ourselves spending more on that child later for remediation, special education, and dropout prevention. And if these efforts fail, we face additional potential costs for welfare or even incarceration.

Last Friday, Commonwealth Court Judge Doris A. Smith, in her latest ruling in the city's school desegregation case, said she was appointing a team of experts to devise a reform plan for public schools. One of the plan's key components: expand full-day kindergarten programs.

The choice with kindergarten is not to pay or save. It's to pay a little now or a lot later. It's time the school system looked at its data and did the arithmetic.

Shelly D. Yanoff is the executive director of Philadelphia Citizens for Children and Youth. Debra Weiner is an education consultant.

Philadelphia Inquirer, February 9, 1994.

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getting to school

PARENT TIP SHEET ON PHILADELPHIA SCHOOL DISTRICT TRANSPORTATION POLICIES

Children travel to school in many different ways: some walk and some ride yellow school buses or SEPTA. There are School District Policies that determine whether or not a child receives free transportation to and from school.

Generally, there are several factors that determine whether a child receives free transporation:

- grade of child
- distance to school
- if the child is in a Special Education Program
- if the child is participating in the Voluntary Desegregation Program
- if the route to school is deemed hazardous by PENNDOT (Pennsylvania Department of Transportation)
- if, for reasons of overcroweded conditions, a child is assigned to a school other than his/her neighborhood school.

WHETHER THE STUDENT USES SCHOOL BUSES OR TOKENS IS DETERMINED BY THE SCHOOL DISTRICT TRANSPORTATION SERVICE DIVISION.

SPECIAL EDUCATION (Kindergarten through Twelth Grade)

Transportation for Special Education students (usually a yellow school bus) will be provided as required by the child's Individual Education Program (I.E.P.). If not stated in the I.E.P. the following is a guide. NOT ALL STUDENTS IN EACH CATEGORY WILL BE ELIGIBLE FOR FREE TRANSPORATION.

1. Pick up at home (door to door)
   - Severely and Profoundly Impaired (SPI)
   - Trainable, Mentally Retarded (TMR)
   - Visually Handicapped (VH)
   - Hearing Handicapped (HH)
2. Pick up at a street intersection
   - Educable, Mentally Retarded (EMR)
   - Learning Disability (LD)
   - Socially and Emotionally Disturbed (SED)
   - Language Impaired (LI)
   - Mentally Gifted (MG)

KINDERGARTEN

There is no free transportation for children in kindergarten unless they are in a Special Education Program.

SO YOU'RE GOING TO A PARENT/TEACHER CONFERENCE

A PARENT/TEACHER CONFERENCE is a meeting between parent and teacher to try to help a student get the best education.

It is better than a report card because it allows YOU to ask questions and to talk to the teacher about how your child is doing. The conference brings out more facts and this builds better understanding.

PARENT/TEACHER CONFERENCES CAN TAKE PLACE:

- when you make an appointment for a mutually convenient time. It is a good idea to meet with the teacher about 3 or 4 weeks after the school year begins.
- when teachers give out report cards and discuss them.
- whenever you or the teacher think a special meeting is needed.

BEFORE THE PARENT/TEACHER CONFERENCE:

1. Talk to your child before the conference to find out what she/he wants you to discuss with the teacher. Find out how she/he thinks she's doing; what's difficult, what's enjoyable, what problems there are, whether she/he understands the classroom procedures and rules.

2. Write down anything you want to remember to tell the teacher about your child to help the teacher better understand him/her. Each child is a unique person with different interests, abilities and growth patterns.

3. Make sure you have the Curriculum Handbook for Parents for your child's grade. If you don't have one, call the school and request it. Take time to read it before the conference.

4. Write a list of specific questions to ask the teacher. Some important ones might be:

    - How is my child's homework related to school work?
    - What homework assignments are regularly given?
    - How is homework checked?
    - What are your classroom procedures?
    - What are your methods for grading and testing?
    - Is there a weekly testing plan? Is there a weekly homework plan? Is there a weekly writing plan?
    - Does my child have textbooks to bring home?
    - Is my child doing as well as she/he should on the basis of ability?
    - Is my child achieving at "grade level"? If not, why?
    - What help is available if my child is not working at grade level?

- Will you let me know right away if my child has any problems that need attention?
- If my child has special learning problems what do you plan to do?
- If my child has outstanding capabilities, how do you encourage their development?
- How is my child's attitude and interest toward school and other children?
- What is the size of the class?
- What subjects does my child have during your prep time?

***** DURING A SUCCESSFUL PARENT/TEACHER CONFERENCE: *****

1. Bring paper and pencil -- make notes.
2. Be prompt, be polite and pleasant.
3. Expect to see books, workbooks and materials your child uses; dated samples of his/her work; tests.
4. This is the time to ask questions about the Standardized Curriculum. Take your handbook with you.
5. Toward the end of the conference write down some details about how you can help your child at home, such as what materials and methods to use.
6. Get a clear understanding of what steps the teacher is going to take to help your child.

***** AFTER THE PARENT/TEACHER CONFERENCE: *****

1. Talk it over with your child. Stress the positive strong points brought out by you and the teacher. Discuss the suggestions for improvement and any new goals.

2. Keep in touch with your child's teacher. You are part of a team and your child's progress is your business.

PARENT/TEACHER CONFERENCES HELP MAKE YOU PART OF THE TEAM.

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The Right To Inspect Your Child's Records

PARENTS HAVE THE RIGHT TO:

- INSPECT YOUR CHILD'S SCHOOL RECORD
- TAKE A PARENT ADVOCATE WITH YOU
- HAVE COPIES MADE OF THE RECORDS
- HAVE FALSE OR MISLEADING INFORMATION REMOVED FROM THE RECORD

HOW TO INSPECT AND REVIEW YOUR CHILD'S RECORD

Make an appointment to review your child's records. Call his/her counselor. You may have to make an appointment with the principal.

Examine the record. Plan to spend from 30 minutes to 2 hours. Someone will probably explain the various forms to you. Then you should request, and if necessary insist that you be given time to look through the record by yourself at your own pace. Examine the back and the front of every form.

Your Rights. You have the right to take notes on material in the record, you may have copies of anything in the record. (There may be a charge for copies).

THE RECORD CONSISTS OF:

Pupil Pocket - holding an assortment of forms.

Test Results - which may be in the pupil pocket or elsewhere.

Medical Records - which are usually filed in the Nurse's Office.

Attendance Records - which may be in the pupil pocket or elsewhere.

Grades - Grades and teachers' comments for previous years should be in the pupil pocket.

IN ADDITION, MANY CHILDREN'S RECORDS MAY INCLUDE

Counseling Record - which is kept in the counselor's office.

Psychological Record - which may be in the pupil pocket or elsewhere.

Discipline Record. If acquired in another school, it will be in the pupil pocket. If acquired in the present school, it will probably be in the administrator's office.

YOU SHOULD ASK TO SEE:

All existing forms EH 2, Discipline Case Report, which is completed by the teacher and is commonly known as the "pink slip". An EH 21, Discipline Case Report is completed by the principal.

All other existing notes and records pertaining to discipline. Most secondary schools have developed their own form of record keeping of rule infractions.

Everything that is written down and used by the school to take action or is shared with any other professional is a part of the school record and must be shown to you. The only exception is a counselor's or psychologist's "working notes", which serve as memory aids for their use while working with a pupil and are then destroyed. That means an administrator in charge of discipline cannot deny you the right to see any and all of his/her files on your child.

FALSE OR MISLEADING INFORMATION IN YOUR CHILD'S RECORD

When examining your child's record, if you discover false or misleading information, you have the right to request that it be removed.

If the principal (or other school personnel) refuses to remove information that you believe is false or misleading, you have the right to insert your own written statement into your child's record.

Call Parents Union if problems arise with inspecting your child's record.

["How To Inspect Your Child's Records" is taken from the December 1974 issue of The Oakes Newsletter, and used with the permission of Helen Oakes.]

SCHOOL TRANSFERS

when/how students move from one school to another

VOLUNTARY TRANSFERS

There are two (2) kinds of voluntary transfers: transfers to special admission schools or certain magnet programs, and transfer to all other schools.

Transfers to special admission schools and certain magnet programs are requested by the parent or student by filling out and filing, at the present school, an EH-38 form. Students must fulfill the requirements for admission to these schools before the transfer can be processed. School counselors have the details on requirements for the various schools and magnet programs.

Requests for transfers to other schools are made by filing an EH-36 form and will be honored only if they fall within desegregation guidelines, if there is space available at the receiving school or certain extenuating circumstances. Desegregation guidelines say that transfers are granted if they do not affect the racial balance at the present school **or** the transfer school. For example: a white child will not be permitted to transfer out of a predominantly black school nor will a black child be permitted to transfer into a predominantly black school.

Note: These are the most general guidelines. If you feel that an exception to the rule should be made, it will be important for you to give full details to explain your reason. Begin by talking to your principal and the Regional office (person in charge of transfers) desegregation department. Request and fill out an EH-36 form. Request limits for the processing of the transfer and follow up with a phone call to make sure the time limits are noted.

INVOLUNTARY TRANSFERS

A principal may request a transfer of a student for disciplinary reasons, whether or not the student wants to be moved.

The transfer may be **lateral** (to another general school) or it may be **disciplinary** (to a "disciplinary school").

LATERAL TRANSFERS

The following procedures must be followed when a student is being transferred from the jurisdiction of one principal to another and for certain other transfers between school sites under the jurisdiction of the same principal. Call Parents Union for the specific instances when the procedures apply.

When there has been a "serious" violation of the Code Prohibiting Serious Student Misconduct:

1. The principal must notify the student and parents that a transfer is being considered; inform them of the student's right to a conference and hearing.
2. When the principal starts the transfer, he must send Form EH-21 and the pupil pocket to the District Office and contact the parents on the same day to arrange an appointment within three (3) days; if the parents are dissatisfied with the results of this conference, they may request a hearing.
3. When the parents want a hearing, the principal must notify the Regional Office, which arranges by certified letter for a hearing with the parents within three (3) days.
4. When a hearing takes place at the District Office, parents have the right to bring witnesses, present evidence, bring any representatives, require any school employee to be present, question any school employee, see all of the student's records before the hearing, and tape record the hearing.
5. A decision from the hearing must be issued within six (6) school days.

5. When a transfer is recommended by the hearing officer: the District Office must notify the parents by letter within six (6) school days of the reasons for the transfer, the name of the new school, and the date the student starts; parents may request that the transfer be to the school closest to the one the student is attending.

TRANSFER TO DISCIPLINARY SCHOOL

What must happen for a disciplinary transfer:

1. When a student has been suspended three (3) times for a violation of the Code Prohibiting Serious Student Misconduct, or if the student has violated #4, 5, or 6 of the code in an extraordinary manner, he can be recommend for transfer to a disciplinary school. There are three disciplinary schools: Boone and E.S. Miller are for boys; and Allegheny is for girls.

2. The principal must contact the student's parents, on the same day that he recommends the transfer, to arrange a conference with them and to inform them of specific charges against the student and of the student's right to a hearing. The principal also sends Form EH-21 and the pupil pocket to the Regional Office.

3. When the Regional Office is notified, on the same day it must arrange by certified letter for a conference within three (3) days with the parents, informing parents again at the conference of their right to a hearing.

4. When the parents want a hearing, the Regional Office must schedule a hearing within three (3) to ten (10) days after the request.

5. When a hearing takes place, the Board of Education provides legal staff to conduct the hearing; parents may demand that any relevant school official be present at the hearing, i.e., principal or vice principal, and a representative of the Regional Superintendent. Parents may have legal counsel and may have others present who have pertinent information. A Parents Union Advocate may go with you if you request it.

6. The decision of the hearing officer must be based on the record of the hearing. The decision must be mailed to the parents by certified mail, must list the specific findings made to the parents by the hearing officer, and must inform them of their right to appeal the decision.

7. If the parents decide to appeal to an impartial hearing officer (representative of the National Center for Dispute Settlement) a second hearing must be scheduled within five (5) to ten (10) days, after the day the decision of the first hearing was mailed to the parents. Parents must be given written notice of the hearing date and of their rights at the hearing.

While waiting for any transfer, a child must remain at his/her present school, or receive an interim placement at another school, until the hearing process is completed. No child can be put out of school while the hearing process is underway.

Remember: Never go to any meeting at school alone. Bring a friend, neighbor, or call Parents Union (546-1166) for a Parent Advocate. Keep a written record of all meetings. Community Legal Services: 983-5300, Education Law Center: 238-6970, and Juvenile Law Center: 625-0551 are legal resources.

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What to do if your child is suspended

IF YOUR CHILD IS SUSPENDED, call PARENTS UNION, 546-1166, for help.
IF YOUR CHILD IS SUSPENDED from school, don't panic. Talk to your child calmly and listen carefully to what she/he tells you. Get the facts. Trust your child.

Suspension from school is a discipline tool to be used by the school as a last resort only after all other school resources and services have been tried or if the seriousness of the incident warrants such action.

A student may only be suspended for **THREE (3)** days and only after:

- a school official explains to the student the reason for the suspension, and
- the student has a chance to explain why she/her should not be suspended.

IF YOUR CHILD IS SUSPENDED, she/he will remain at school until the end of the school day.

The school should try to get in touch with you by phone. If they do not, you must receive written notice of the suspension in the mail which will tell you:

- the reason for the suspension
- the time and place for you to have a conference with the principal, vice-principal or school disciplinarian
- the date your child can be reinstated in school.

The conference should be held within the first 3 days of the suspension. You have the right to request that the conference be scheduled at a time that is convenient to you.

IF YOUR CHILD IS SUSPENDED, do everything you can to get your child back in school at once. Under state law all children have a right to public education.

The school district states that the primary purpose of a suspension is to involve the parent in the solving of a discipline problem. It is in the best interest of your child to attend the conference with the principal or vice-principal.

Whether or not you attend the conference, the suspension may be extended for one (1) or two (2) more days (not to exceed a total of five (5) school days for suspension) if the seriousness of the incident warrants the extension.

In Philadelphia, a student CANNOT be suspended for more than five (5) days. If she/he does not return to school at the end of the suspension, the student will be counted as absent.

A suspended student must be allowed to make-up any work and tests missed during the suspension time.

the suspension conference -

Talk to a Parents Union advocate before the conference. If you are uncomfortable speaking English, bring your own translator. You have the right to bring someone with you to the conference.

When you attend the suspension conference, take your child with you. You will be meeting with the principal, (vice-principal or school disciplinarian).

Your should expect that the principal has thoroughly investigated your child's suspension and can present you with specific facts. What did your child do, exactly? When? To whom?

You have the right to ask your own questions concerning the incident. The facts presented should agree with the facts you have gathered from your child. Ask questions if there is disagreement.

If the principal tells you that the suspension will be extended to four (4) or five (5) days, you have the right to:

- question and cross-examine witnesses
- produce witnesses to speak on your child's behalf.

Ask the principal what school services were used to solve your child's discipline problem BEFORE she/he was suspended.

If your child was promised help, but never received it, point that out. You may object to any discussion of your homelife, or anything else which does not pertain to the incident (grades, attendance).

Don't agree to any recommendation unless you fully understand it. Don't agree unless you are sure that the proposed plan is what you want for your child. Don't sign anything until you have talked with a Parents Union advocate.

If you feel that the suspension conference is becoming more involved than you expected, or if communications are breaking down, you should end the meeting so that a "cooling-off" time is possible. If this happens, call PARENTS UNION for help.

If your child is suspended repeatedly, it usually indicates that there are some serious problems that need to be resolved. Again, call Parents Union for help.

If you need more information or are unclear about what to do, call PARENTS UNION, 546-1166.

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RIGHTS OF STUDENTS WITH DISABILITIES

IF YOU THINK YOUR CHILD HAS A DISABILITY AND NEEDS A SPECIAL EDUCATION PROGRAM AND RELATED SERVICES, YOU HAVE:

The Right to request a free evaluation of your child, in your child's native language, by a team of specialists.

- put your request in writing
- date the letter
- include a statement that gives your consent for the evaluation.

The Right to be included in the evaluation process and to have all the evaluations completed within 45 days after you have given your consent for the evaluations to be done.

The Right to refuse your consent for the first evaluation if the school district wishes to evaluate your child.

The Right to disagree with the school district's evaluation and to ask that the school district pay for an evaluation by someone outside the school district. The district must pay for an independent evaluation or request a due process hearing, and prove that the school district's evaluation is appropriate.

The Right to have the results of an independent evaluation considered when determining:

- whether your child has a disability
- whether your child needs a special education program
- the type of special education program your child needs.

The Right to be part of the Multidisciplinary Team (M.D.T.) that reviews the evaluation and makes recommendations. You also have **the right** to agree or disagree with that team.

- A typed final evaluation report must be given to you within 60 days of your consent for the evaluation.

The Right to have your child evaluated by the district at least once every two years or more often if you request.

IF YOU AND THE DISTRICT AGREE THAT YOUR CHILD NEEDS SPECIAL EDUCATION, YOU HAVE:

The Right to a free appropriate program of special education and related services for your child based on your child's unique needs identified by the M.D.T. * The program must give your child the chance to make meaningful and reasonable progress considering your child's abilities.

The Right to have a written Individualized Education Program (I.E.P.) for your child which describes the special types of instruction your child needs in order to learn, and the related services your child needs to benefit from the educational program.

The Right to be part of the I.E.P. team which decides if your child has a disability and develops the I.E.P. at a school conference; or if you are unable to attend the conference, to participate by phone.

The Right to have a "Transition Plan" written for your child with a disability when your child is 16 years old, or 14 years old if necessary. The Transition Plan must describe the services needed to prepare your child for adult life.

The Right to have the special education services your chid needs provided in a regular education class in your child's neighborhood school, unless your child's needs demand a different setting.

The Right to have the I.E.P. completed within 20 school days after the M.D.T. report is issued, and to have the I.E.P. goals taught to your child within 10 school days after it is approved by you.

The Right to have the I.E.P. reviewed and, when necessary, revised at least once a year or more often if you request a review.

IF YOU AND THE SCHOOL DISTRICT DISAGREE ABOUT:

- THE NEED TO EVALUATE OR REEVALUATE YOUR CHID
- THE TYPES OF EVALUATIONS WHICH ARE NEEDED
- THE TYPES OF PROBLEMS OR NEEDS YOUR CHILD HAS
- THE CURRENT OR RECOMMENDED EDUCATION PROGRAM AND SERVICES
- WHERE YOUR CHID WILL RECEIVE THE SPECIAL EDUCATION PROGRAM AND SERVICES...

YOU HAVE:

The Right to request a Prehearing Conference to discuss your disagreements with school officials.

* Always make the request for a Prehearing Conference in writing - date the letter
* The conference must be held within 10 days after your request.
* You can skip the Prehearing Conference and request a hearing.

The Right to request "Mediation". Mediation is voluntary. Both parties must agree to mediation. If both you and the school district agree to use mediation a trained mediator will be assigned to help you and the school district reach agreement. If you wish to use mediation call 1(800) 992-4334. If mediation does not resolve your concerns, you may still request a hearing.

The Right to request a "Due Process Hearing"

- Request the hearing in writing - date the letter, keep a copy for yourself.
- An impartial hearing officer will listen to your side and the school districts side
- The hearing officer will write a decision within 45 days.
- Your have the right to present witnesses and question the school districts witnesses.
- You may appeal the hearing officer's opinion.
- Your chid remains in the same program and school that he/she was in when you requested the hearing.

The Right to be reimbursed for your lawyer's fees and costs if you win all or part of your case (except for issues about Mentally Gifted children).

IF YOU AGREE WITH YOUR CHILD'S I.E.P. AND PROGRAM, BUT THE SERVICES ARE NOT BEING PROVIDED; OR

IF YOU BELIEVE SCHOOL OFFICIALS ARE NOT FOLLOWING THE LAW -- YOU HAVE:

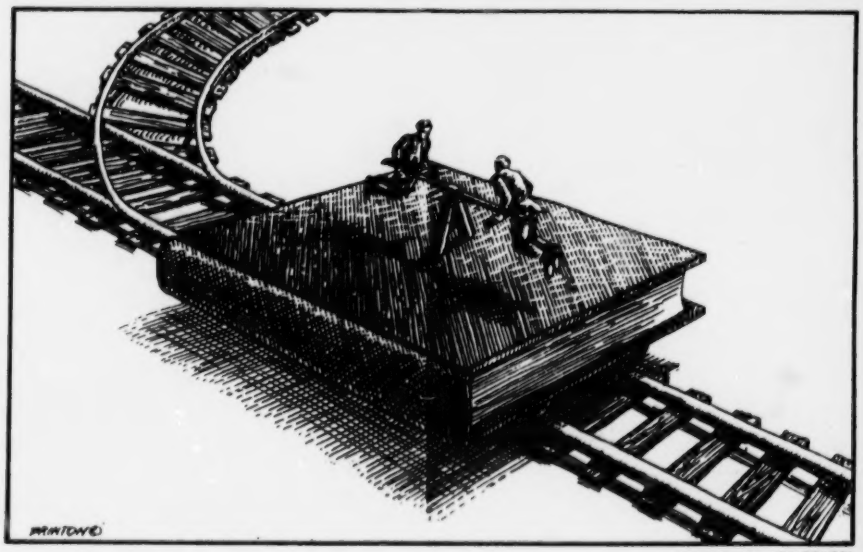
The Right to file a written complaint with the State's Division of Compliance. A special education advisor must investigate and issue a report within 60 days. Send your complaint to:

Division of Compliance
Bureau of Special Education
333 Market Street
Harrisburg, PA 17126-0333

Adapted from: Your Rights to Special Education in Pennsylvania - Education Law Center, 8/92

Hartford school goes back to classics

By **DANIEL J. SINGAL**



For The Inquirer / TIM BRINTON

It's clear that the campaign to fix the nation's troubled inner-city schools has reached a crossroads. Most Americans remain committed to the goal of improving those schools, but one also senses a growing pessimism over the prospects for success and a reluctance to invest more resources.

The reasons are obvious. Over the last two decades, the nation's leading educational reformers have cooked up a host of innovative schemes designed to transform those schools "from the ground up," but none has made a significant difference in student performance. Under these circumstances, it's not hard to understand why middle-class taxpayers are wary about funding what appears to be a losing battle.

But is the situation really hopeless? A unique program in Hartford, Conn., suggests that it is not, provided we are willing to change our basic strategy.

Established in 1981 by a small group of inspired teachers, the Classical Magnet Program currently enrolls 320 students from grades seven through 12 virtually all of whom come from poor families in drug and crime-ridden neighborhoods. (Next year it will more than double in size by expanding to the elementary level). African Americans predominate, with a sizable number of Hispanics and a sprinkling of Asian Americans and whites.

Yet the program remains virtually free of the problems that beset most urban schools. In the words of one teacher, "Our kids are never absent." Discipline is not a major issue; nor is dropping out. Once enrolled, students will generally do whatever is necessary to stay in the program, including completing their assignments on time.

The end results are even more impressive. Nearly 90 percent go on to college — some to top-of-the-line schools like Brown and Yale. And they are extremely well prepared. "The feedback we get from students is that college is not as difficult for them as it is for others," reports Robert Keefe, the program's coordinator.

Nor is the record of achievement limited to academics. Though Classical Magnet students make up only 10 percent of the population of Hartford High School, they account for approximately half of its student leadership positions and varsity athletes. Moreover, one suspects it is their presence as role models that helps account for the surprisingly low level of serious violence within the school, despite its location in a typical American urban battle zone.

Even more remarkable, Classical Magnet is not an honors program enrolling only high ability children. The sole stipulation for admission is that seventh graders entering the program must read at or above the fifth grade level. That means that nearly three-quarters of the students in the Hartford system are eligible.

What, then, is the secret? It lies in academic philosophy. Classical Magnet has chosen to ignore all the latest trends in American education, from self-esteem enhancement to multi-culturalism to cooperative learning. Its guiding ethos is in fact so old-fashioned that it could even be called reactionary. Yet it provides precisely what today's students need most.

In the Classical Magnet Program, requirements include three years of Latin. Seventh graders take courses in grammar, philosophy, astronomy and math.

The requirements include a minimum of three years of Latin. In addition, seventh graders take courses in grammar (as opposed to English), philosophy, astronomy and math. In the eighth grade they move on to rhetoric, logic and anatomy.

Most of these subjects have long since been evicted from the American curriculum in the name of "progress," but the teachers at Classical Magnet don't care. They understand that this sort of work at the middle school level is ideal for building language skills and disciplined habits of thought that are vital to academic success.

At the high school level, the emphasis shifts from the ancient world somewhat. English classes cover British, American and world literature, a modern foreign language is introduced and all students are required to complete biology, chemistry and physics (with most capable of doing Advanced Placement work). But Latin continues, and the works studied in English are always of "classic" stature.

It is a reigning assumption in our graduate schools of education that this style of curriculum is hopelessly antiquated and won't work with kids raised on MTV and hip-hop culture. To engage today's adolescents, we are told, one needs dazzling video technology, lots of "hands-on experience," and a curriculum that is "relevant" to students' daily lives.

Classical Magnet proves, among other things, that the advice is dead wrong. Its students groove on rap music and pro football, but they are also visibly enthusiastic about what they do at school. As one put it to me on a recent visit, "I love the way we learn here."

There's something else worth mentioning about Classical Magnet — it's a financial bargain. Aside from the somewhat smaller class sizes (the target is between 18 and 20 students per class, though it is not always met), there are no unusual expenses. Good books, interesting ideas, and a sound curriculum don't cost much in terms of dollars.

Could the approach pioneered at Hartford work elsewhere? There's no reason why it can't. All it would take is a willingness on the part of our education establishment to put aside its obsession with "reinventing the classroom" and return to the values and practices that have demonstrated their worth over the centuries.

Daniel J. Singal is professor of history at Hobart and William Smith Colleges in Geneva, N.Y. and has written on educational policy for the Atlantic magazine and other publications.

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An experiment in the art of learning

By Barbara Nachman
USA TODAY

You won't find the children at Adams Elementary School memorizing spelling lessons. Instead, these Hamilton, Ohio, students work with a drama specialist to twist themselves into the letters they use to create words.

At nearby Fairfield West Elementary School, children aren't studying about France in textbooks. They work with a film producer creating clay figures of the Eiffel Tower that will appear in an animated film.

The children are participants in Spectra+, a program that goes beyond ordinary arts in education. Students have daily arts instruction. In addition, arts specialists work with classroom teachers to create lessons that combine geography, music, math, art, drama and science.

The goal of the pilot program, now in its second year, is to raise art education to the level of other academic subjects. But the idea is not to create mini Mozarts or pint-size Picassos. Rick Jones, who developed the program and is executive director of the Hamilton/Fairfield Arts Association, says teaching with the arts will improve children's academic achievement while improving attendance and reducing discipline problems.

There is evidence he is correct.

The program was recently studied by an independent evaluator who compared the performance of the Spectra+ students with children in two other area schools. Richard Luftig, professor of educational psychology at Miami University in Ohio, compared performance in creativity, academic achievement, self-esteem and appreciation of the arts.

Results:

▶ Creativity and originality were much higher in the Spectra+ groups for all grades.

▶ Math comprehension improved most for Spectra+ fifth-graders.

▶ Parental self-esteem (children's belief that parents are proud of them) improved most for Spectra+ second- and fourth-graders. Arts appreciation improved most for Spectra+ groups.

Some results were mixed. Some Spectra+ groups improved in reading while others showed no difference. But Luftig concludes that "sufficient evidence exists to support the idea that arts in the school is a significant contributor to the academic achievement and well-being of children."

Principals of the two Spectra+ schools cite other advantages to the program. At Adams Elementary school, Kathy Leist says discipline problems have been cut in half.

Photos by David Kohl, AP

ALPHABET SOUP: The students of Adams Elementary School in Hamilton, Ohio, who have been working with a dramatist in the Spectra+ program to become living letters, form 'U-S-A.' Below, Stacy Abrams makes the letter 'F.'

"You see kids coming to school who want to be there," explains Frank Price, principal of the Fairfield West school.

Spectra+ is an outgrowth of The A+ Program developed in 1988 by cultural planner Ralph Burgard. Burgard says the goal of A+, now in 14 schools in six states, is to improve grades and make learning more exciting by combining arts and academic subjects.

The Spectra+ program differs from A+ by giving individual schools, teachers and parents more autonomy in creating lessons.

The Ohio Arts Council is the biggest funder of Spectra+. Other money comes from local schools, the Hamilton/Fairfield Arts Council and corporate grants from local companies.

"Arts in the school have been relegated to a frills mentality," says Michael Greene, executive director of the National Academy of Recording Arts & Sciences. Greene says arts programs began disappearing about 15 years ago when U.S. schools focused on science and math to catch up to German and Japanese students.

"The arts got slashed out of the budget in the '80s and the beginning of the '90s," says Eleanor Dougherty, education program specialist with the Office of Education Research Improvement.

Eric Oddleifson, chairman of the Center for Arts in the Basic Curriculum, says less than 0.1% of the Department of Education's $30 billion budget is devoted to arts education.

A National Endowment of the Arts study reports that in 1988 the educational budget for the National Science Foundation was about $171 million while the amount spent on arts education by the NEA was less than $6 million.

But times may be changing. Last week, the National Arts Education Association presented the National Standards for Arts Education to Secretary of Education Richard Riley. The guidelines describe what U.S. schoolchildren from kindergarten through 12th grade should know and do in dance, theater, music and the visual arts.

The standards are voluntary but educators say this is a significant step in recognizing the arts as an essential part of education.

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Learning Spot Worksheet

Name of Spot _____

Noise Level

1 - Noisy 2 - In between 3 - Quiet

Light

1 - Little light 2 - Some light 3 - Good light

Supplies

1 - Far away 2 - Close by 3 - Right there

Chair

1 - Soft, squishy 2 - Hard as a rock 3 - Firm but comfortable

Add up your score _____

Is this a good learning spot? (Does it have a score of 10 or more?) Yes No

Health - Adults

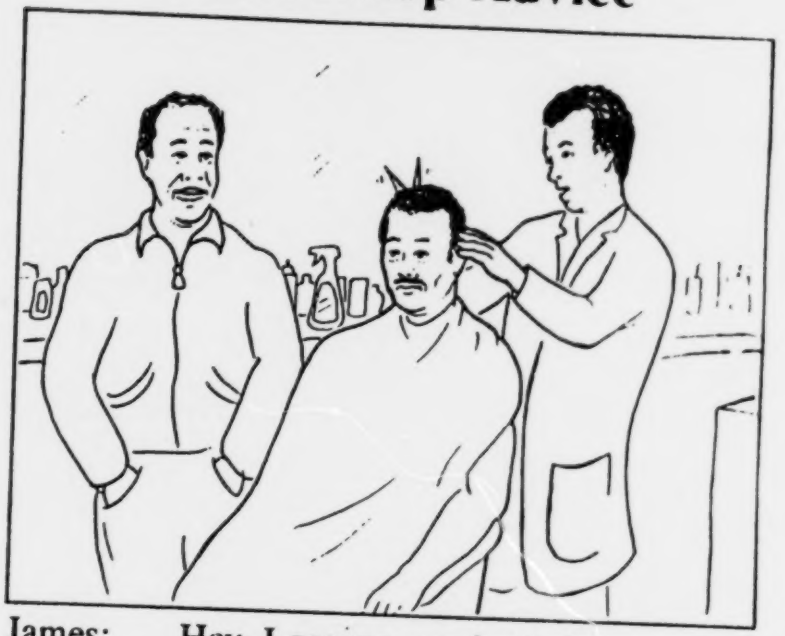
Ask the Doctor: Barbershop Advice
Where to Go? The Emergency Room or the Clinic?
Mrs. Jefferson Goes to the Hospital
High Blood Pressure
It Makes Me Sick! Alcohol and High Blood Pressure
Stress
Dealing with Stress Positively
Friends Help Friends Deal with Stress
The Odette Winters Show: Exercise is for you, too!
Get Up and Move!
I'm Doing This for Me! Mr. Hudson Goes on a Diet
Stay Regular, Eat High Fiber Foods
Your Best Body: A Story About Losing Weight (Parts 1-4)
Clearing up the Cholesterol Confusion
Mr. Bates Learns About Cholesterol
Put the Fat Back!
Put Away Your Frying Pan: Cooking for Good Health
Living with Diabetes (Parts 1-4)
"How Did You Quit?"
It's Time to Quit!
After Menopause: Women and Heart Disease
Women, Children & AIDS
Fast Facts on AIDS

Use this space to write some questions that you need to ask your doctor. Take it with you to your next appointment.

Health Promotion Council of Southeastern Penna, Inc.
311 S. Juniper Street #308
Philadelphia, PA 19107
(215) 546-1276

Supported by the Pennsylvania Department of Health

Ask the Doctor: Barbershop Advice



James: Hey, Lorenzo, you're in here early this morning.

Lorenzo: I wanted Chester to cut my hair before my doctor's appointment.

Chester: What's up, Lorenzo?

Lorenzo: I haven't been feeling good lately. My doctor wants to see me. Maybe he'll do some tests or change my medicine.

James: Ask the doctor if your medicine could cause you to feel bad. You know what I mean, side effects.

Lorenzo: It is hard to remember all the things you want to ask the doctor. Right after I walk out is when I think of all the things I needed to ask.

Chester: We all have that problem. It helps to think about what you need to find out before you go to see the doctor. Write the questions down.

James: OK, what does Lorenzo need to ask? I'll write it down.

Questions Lorenzo wants to ask the doctor:

#1. What could be causing the problem?

#2. Will the medicine have any side effects?

#3. What is the test for and does it have any side effects?

Later...

Lorenzo: Thanks fellows. Talking about the questions and writing them down really helped me. I remembered almost everything I needed to ask.

James: What did you forget?

Lorenzo: Do I need such expensive medicine? Is there a cheaper one that will work for me?

Chester: That is important. You can ask the pharmacist to check on that.

Go to the Emergency Room if this happens :

Knocked out (unconscious)

Bleeding that won't stop

Lots of pain, any chest pain

Can't breathe

Bad accident

Is it an emergency?
If you are not sure, call your health center or doctor first.

Doctor: _____

Clinic _____

Clinic After Hours: _____

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Philadelphia, Pa. 19107
(215) 546-1276

Where to go?
The Emergency Room or the Clinic?

Frances: What's wrong with the baby?

Shirley: She's sick. Her nose has been running and she has been crying a lot.

Frances: Her head feels a little warm, too. Maybe she has a fever.

Shirley: Well, I am taking her to the emergency room.

Frances: I think you should take her to the clinic, not the emergency room.

Shirley: The clinic! I have to take two buses to get there.

Frances: I know it is hard, but you want to go where they know the baby. Her records will not be at the emergency room. They won't know anything about her.

Shirley: I hate waiting at the clinic.

Frances: You will wait a lot longer at the emergency room because people who are bleeding or had heart attacks will go in first. You know that.

Shirley: OK, you talked me into it. I'll call them now.

LATER

Frances: How's the baby?

Shirley: She's feeling better now. It was another ear infection. I have some medicine for it.

Frances: What was it like at the clinic?

Shirley: It was OK. I didn't have to wait too long. You were right that her records would be at the clinic. While I was there, I found out that she needs shots. So I made an appointment for her to get the shots.

Frances: I bet you're glad you went to the clinic.

Shirley: Yes, it worked out fine.

Go to the Emergency Room if this happens :

Knocked out (unconscious)

Bleeding that won't stop

Lots of pain, any chest pain

Can't breathe

Bad accident

Is it an emergency?
If you are not sure, call your health center or doctor <u>first</u>.

Doctor:_____

Clinic_____

Clinic After Hours:_____

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Philadelphia, Pa. 19107 (215) 546-1276

Mrs. Jefferson Goes to the Hospital

Rochelle: What is the matter with mother?

Frank: She thinks it's gas. She has some pain in her stomach and chest.

Rochelle: How long has this been going on?

Frank: I'm not sure. Mom, how long have you had this gas?

Mother: It's been on and off all day. The pain justs sits here on my chest.

Rochelle: Did you call the doctor yet?

Frank: No, she doesn't want me to.

Mother: No, for goodness sake. I don't want to bother the doctor about a little gas.

Rochelle: Mom, we are not sure it's just a little gas. If you have chest pain, we need to check it out.

Frank: Rochelle is right. I'll call the doctor.

Frank: This is Frank Jefferson. My mother is your patient, Sadie Jefferson.

Frank: She's been having pain in her chest on and off all day. She didn't want to bother you but we are worried.

Doctor: I am glad you called. We don't want to fool around with chest pain. Can you bring her to the Emergency Room?

Later...

Rochelle: Mother didn't think her chest pain was that bad. I was worried.

Nurse: Sometimes with chest pain it is hard to tell if it is a real emergency. Calling the doctor was the right thing to do.

Sister: You are a very important person. We want you around. We depend on you being here.

Brother: I ought to take care of myself now if I want to be around later.

Sister: Now you're talking my language.

Brother: Thanks, sis. I'm really glad you care about me. Starting today, I'll take my medicine every day, like the doctor says.

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High Blood Pressure

Sister: What is that pill you are taking?

Brother: High blood pressure pill. I take one when I get upset.

Sister: Did you take one yesterday when you felt OK?

Brother: Well, no...

Sister: You should. High blood pressure means your blood pressure is up when you have a bad day <u>and</u> when you have a good day.

Brother: Are you telling me my blood pressure could be high even when I'm feeling good?

Sister: You got it. Your blood pressure could be high every day you don't take your medicine. No matter how you feel.

What is your blood pressure, anyway?

Brother: I can't remember. I don't know what the numbers mean.

Sister: There are two numbers in a blood pressure reading. The top one is called the systolic blood pressure. That's when your heart is working the hardest.

Sister: Between beats your heart takes a rest.

Brother: So the bottom number is when your heart is resting, right?

Sister: Yes, and it is called the diastolic blood pressure. If your blood pressure stays high, you could have a stroke.

Higher than 140 over 90 is high, or "elevated".

Lower than 140 over 90 is OK.

Sister: So, when you take your medicine every day you control your blood pressure every day.

Brother: That makes sense.

Sister: Get your pressure checked. Write the numbers down so you know what they are.

George : After I saw you last, I went out drinking. Next day, I was a mess. My wife said quit drinking or move out.

Ralph : What did you do then ?

George : I thought about what you said. My doctor said to try A A. The meetings help a lot. Would you believe it's been six weeks without a drink ?

Ralph : Good. Take it one day at a time. How is your pressure ?

George : It came down some. I get it checked and I take my pills.

Ralph : That is good news. Hang in there.

Health Promotion Council
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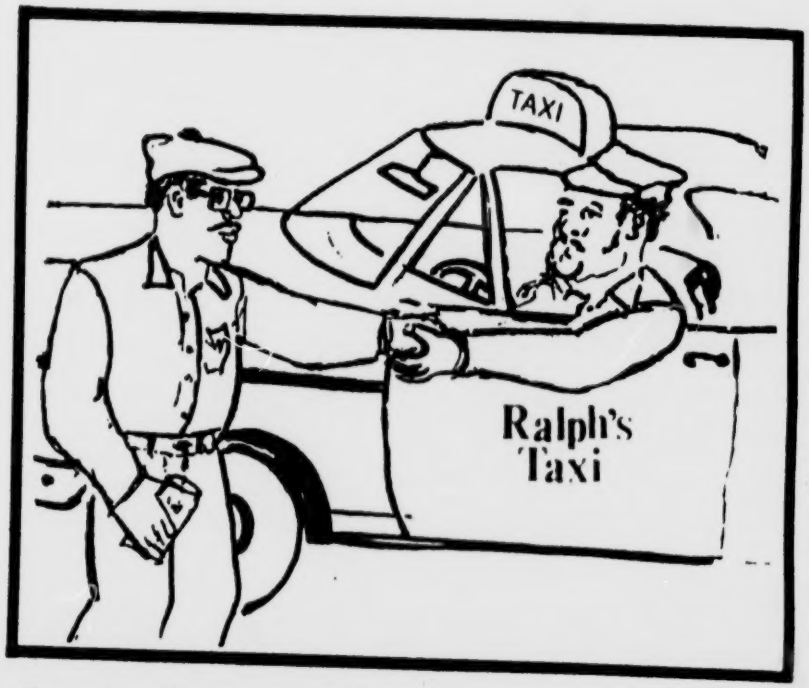
311 S. Juniper Street, Rm. 308
Philadelphia, PA 19107-5803

(215) 546-1276

It's Making Me Sick!

Alcohol and High Blood Pressure



George : Hi Uncle Ralph. Stop after work and have a beer with me.

Ralph : No thanks, George. How are you doing these days ?

George : I am not doing too well.

Ralph : What's wrong ?

George : My doctor said I have high blood pressure and gave me some pills. I think the pills are making me sick.

Ralph : What makes you think so ?

George : My nerves are bad. Look at how my hands shake. I went back to the doctor to get some new pressure pills and to get something for my nerves.

Ralph : Yeah. And what happened ?

George : He said pressure pills make some people sick ... but my real problem was my drinking. Do you believe that ?

Ralph : Yes. Lots of people have a drinking problem. I had one. It was not easy to stop. I don't drink now. No beer, no wine, no liquor.

George : Well, I can handle it. I could quit anytime. It is the pills that are making me sick.

Ralph : No. It is drinking that is making you sick. Get off the beer and the booze George, do yourself a favor.

Drinking a lot of beer, wine or alcohol can make blood pressure go up. People who drink do not take their pressure pills. That makes their pressure go up even higher.

Ralph : Hi George, you are looking good.

George : Thanks. I feel good. I stopped drinking and I am taking my pressure pills.

Ralph : No kidding. so it wasn't the pills making you sick ... Why did you stop?

Stress

We all live with stress. A certain amount of stress is good and healthy. Too much stress can make us dread getting out of bed in the morning and can even cause us to become ill.

Causes of Stress

There are many causes of stress. The following are some of the common causes of stress in our lives:

- death or birth in family
- marriage or divorce
- illness or injury
- loss or change of job (including promotion)
- retirement
- pregnancy
- sexual difficulties
- financial matters
- outstanding achievement
- beginning or ending school
- vacation

Notice that both good and bad events cause stress.

Symptoms of Stress

- irritability
- change in sleep patterns
- increased drinking or smoking
- restlessness and exhaustion
- feelings of inadequacy, self-doubt, and sadness
- inability to concentrate
- tension headaches, indigestion, colitis

Dealing with Stress

- Try to find out what is causing stress. If you can, change the situation.

- Identify your strengths and weaknesses. Build on your strengths. Accept your weaknesses.

- Be clear about your goals. Work hard for what is important to you. Do not spend a lot of time and energy on things that are not important.

- Try to be positive. There is some good in almost any situation. Finding the good in things reduces stress.

- Exercise, eat right, and get sufficient rest.

Pat: Thanks, Mom. Talking about it really helps. It doesn't seem so bad now. I think I'll look through the help wanted ads for a better job.

Mom: Good idea. I'll call you when supper is ready.

For help with smoking: Cancer Information Service
1-800-422-6237

For help with drinking:
Alcoholics Anonymous _____

For help with _____

_____

Written by students at the Center for Literacy.
Health Promotion Council Of Southeastern Pennsylvania, Inc.
311 South Juniper Street, Suite 308
Philadelphia, Pennsylvania 19107
(215) 546-1276

Dealing with stress positively

Pat: I'm fed up! I'm tired of my job, I'm tired of not being on my own, and I'm tired of raising the kids alone.

Mom: You're not alone. I'm helping you.

Pat: I need more. I need something else.

Mom What do you need?

Pat I need more money, a better job, some help with the kids — I need a drink!

Mom: It sounds like you're under a lot of stress. You worry too much, your blood pressure's high, you don't eat right, and I notice you are starting to drink a lot.

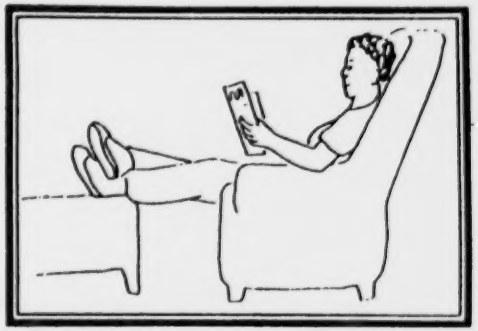
Pat Yes, I drink. But I do this to deal with stress.

Ways to cope that can make things *worse.*

Eat too much. Take drugs.
Get drunk. Smoke cigarettes.
Fight with family and friends.
Get so busy you can't think.

Ways to cope that can make things *better.*

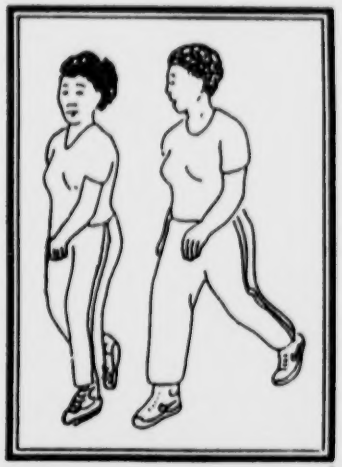
Talk with a friend. Eat a healthy meal.
Read a good book. Go out to a movie.
Listen to music or dance.
Go for a walk. Pray or meditate.

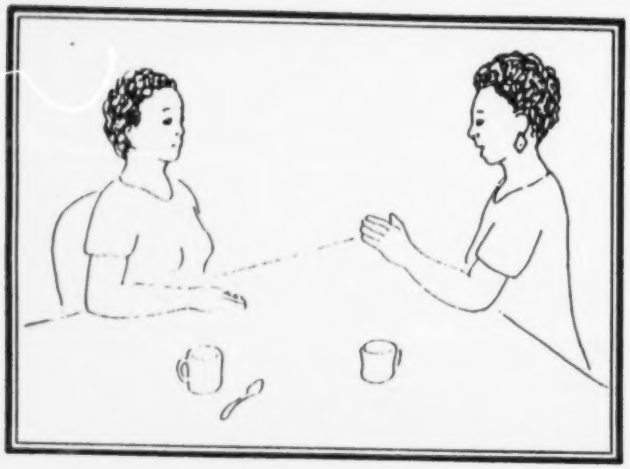


Mom: There are many ways to deal with stress. They say exercising helps. And reading a good book is one way of relaxing. There are support groups, like AA or some for single parents, where you can get help.

Pat: I have to think about some of these ideas.

Mom: Good. Call one of your friends and go to a movie tonight. I'll watch the kids. Relax and enjoy yourself.





The next morning . . .

Jean: Did you and John talk last night?

Shirley: Yes, we sat down and made a plan for the next two weeks. We'll see how things go and then make a new plan. Thanks a lot, Jean.

Jean: That's what friends are for!

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Supported by a grant from Smith Kline & French Laboratories

Friends Help Friends Deal with Stress

Jean: Hi Shirley, it's Jean. I'm going over to the park with the kids. Want to meet me there?

Shirley: Maybe another time, Jean.

Jean: Honey, you don't sound good. What's going on?

Shirley: I've got a headache. Seems like all I do is yell at these kids.

Jean: Sounds like you need a break. Come on down to the park. I'll send my daughter to help with the kids.

Signs that stress is taking over:

Feeling depressed	Headache
Eating too much	Not eating enough
Sleeping too much	Not sleeping enough
Talking too much	Not talking enough
Feeling angry a lot	Skin problems
Pulling or twisting hair	Upset stomach

Changes in the way you act can mean you are not handling stress well.

At the park . . .

Jean: Headaches and feeling angry a lot are signs that you are feeling stressed about something. What's going on?

Shirley: John lost his job. It couldn't have come at a worse time.

Jean: Well, it happened. You can be angry about it or you can sit down and decide how you are going to manage. It's your choice.

When you are very busy, or have a big problem, or feel confused:

- take 10 deep breaths. Breath in and out slowly
- sit down and make a list. Write down what you *must* do, what you *want* to do, and what can *wait* till another time.

Shirley: What can I do about it?

Jean: Right now you *can't* change it. You *can* make a plan. Make your list of things that *must* get done. Forget the rest for now.

Shirley: Break it down into small pieces and take it one piece at a time.

Jean: That's the idea. And don't think you are all alone. Ask for help. I'll take the kids home with me. You pick them up tomorrow.

Ease yourself into your exercise program.

If you do too much at first, you will get tired and sore. Then you might quit.

We don't want you to quit. Good luck.

Donnie: I am going to start exercising again.

Pat: Come to the Y with me. First one to lose ten pounds gets a new outfit!

Donnie: You're on!

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The Odette Winters Show

Donnie: Change the channel.

Pat: Wait. Let's watch it. You should listen to this, you need more exercise.

Donnie: When do I have time for that?

Hi, it's Odette. Do you want to look better? Feel better?

Exercise helps. It is not just for other people, it's for you!

How do these folks fit exercise into their day? Let's listen!

I do the exercise program on the TV most mornings. Sometimes for a change, I rent exercise videos.

I go to the Y. I like to swim. And it is good for me because I have arthritis.

I tried to lose this weight so many times. I do aerobics three times a week now and I am losing weight!

I go out and walk after work. Every week, I add another block to my walk.

I ride my exercise bike while I watch the stories. Believe it or not, it helps me relax.

Talk to your doctor about your exercise program <u>before</u> you start.

I'm taking a dance class. I feel fit and my husband has been more interested lately, if you know what I mean.

Things don't get on my nerves so much when I make time to run or play basketball.

Do you have high blood pressure?
yes no
Do you have diabetes?
yes no
Do you want to lose weight?
yes no

If you said (yes) to any of the above, exercise might help. Ask your doctor before you start.

Does exercise help with stress?
yes no
Does exercise help control diabetes?
yes no
Does exercise help control weight?
yes no

If you said (yes) to all three then you've got the whole picture!

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Get Up and Move!

Mrs. K: Honey I think we overdid it last night. Too much partying, I'm sore!

Mr. K: Too much partying? We only danced twice. I think you're out of shape.

Mrs. K: I beg your pardon. I'm not going to to run around in some old park and get mugged. Do we have money for a club?

Mr. K: You find the time and money to do the things you want to do...

Later...

Mrs. K: My aunt was 42 when she died from a stroke. I don't want to end up like her. I thought about what my husband said. I do need to exercise.

Mrs. K: I found a dance class at my church. We have a lot of fun and we get a good work-out.

Mrs. K: My doctor said that regular exercise, 3 or 4 times a week for 30 minutes will help me control my weight. I'll be in better shape as I get older, too.

Later...

Mrs. K: I am glad we made a weekend walk together part of our exercise program.

Mr K: Me, too. It fits our schedule and it's nice to have time to talk.

Mix and match your exercise:
* walk one day
* dance another day
* take the stairs

Mr. Hudson: I'm afraid to look.

Mrs. Hudson: You lost another two pounds honey. That's great!

Mr. Hudson: All right. That's five pounds in four weeks. Slow and steady like the doctor said because I want to keep this weight off!

Mrs. Hudson: I wasn't sure when you started. No seconds, desserts once a week, no fast food for lunch, less beer. I didn't think it would work but it sure did. Maybe I will try again myself!

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Art work donated by Beth Glenn

I'm doing this for me!

Mr. Hudson goes on a diet

Mrs. Hudson: Can I give you another piece of chicken John, or more macaroni?

Mr. Hudson: No thanks, Mae. No second helpings for me.

Mrs. Hudson: My goodness! Are you on a diet?

Mr. Hudson: I need to lose some of this weight.

Mrs. Hudson: John, I've been telling you that for years. Why did you decide to go on a diet now?

Mr. Hudson: Well, I had to decide for myself. I know you told me, but I didn't want to hear it. I feel like I can do it now.

The first step in your diet is: don't eat chicken skin.

It is mostly fat!

Change what you eat—cut out the fat!

Jamal: Why are you on a diet, daddy?

Mr. Hudson: Well, Jamal, I have to change what I eat or I'll be so big I won't fit in my clothes.

I'm going to:
-cut out seconds
-pack one sandwich for lunch
-eat only one dessert a week and
-cut down on beer.

Change how much you eat—take smaller portions, no seconds!

This plate has too much food.

This is better.

Mr. Hudson: I want to be healthy now and I want to enjoy my grandchildren when that time comes.

Mrs. Hudson: How about exercise? That's important when you want to lose weight, isn't it?

Jamal: I know! You can walk the dog for me. That will be good exercise.

Mr. Hudson: Tell you what, Jamal. I'll take the dog for a little run in the morning if you come with me.

Mrs. Hudson: Well, John. Looks like you have some help. Good luck!

Mr. Hudson: Thanks. I'll need it. This won't be easy but I think it will be worth it.

Get out your pencil!!

Where is the fiber?

Choose the one with more fiber.

Check the Box. [ ]

1. [ ] Whole wheat bread or [ ] white bread
2. [ ] sugar flakes or [ ] bran cereal
3. [ ] baked potato with skin or [ ] french fries
4. [ ] chicken soup or [ ] bean soup

Doctor: Drink plenty of water. Not just coffee and soda. Together, fiber and water help you move your bowels regularly and easily.

Mr. Bates: I'll give it a try, doctor.

Doctor: Good. Let me know how you're doing.

Answers:
1. whole wheat bread
2. raisin bran
3. baked potato
4. bean soup

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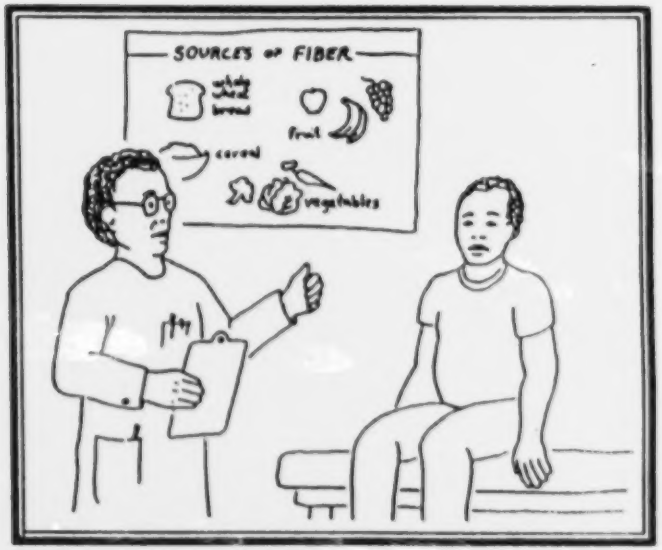
Stay Regular, Eat High Fiber Foods



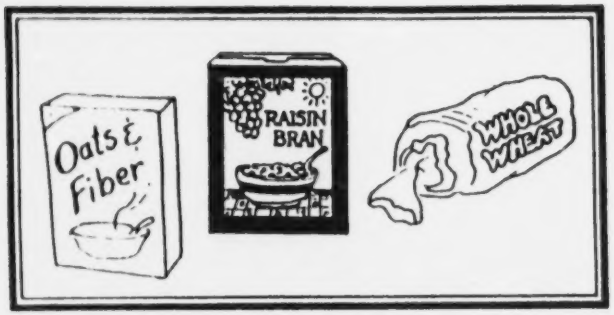
Doctor: Try to eat more fiber, Mr. Bates. That will help keep you regular.

Mr. Bates: How can I eat more fiber?

Doctor: Well, let's start with breakfast. What do you usually have?

Mr. Bates: Oh, cornflakes or eggs and sausage.

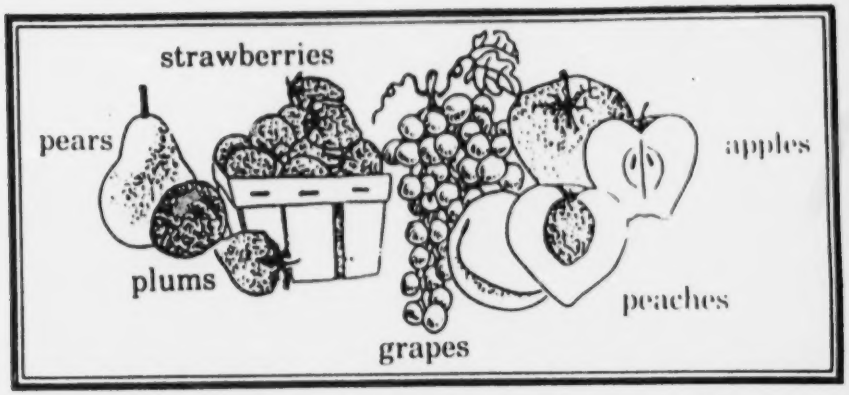
Doctor: Ok. Here's how you can get more fiber:



Doctor: Eat cereal with bran. Look for the boxes that have bran or fiber on the label or in the name. Buy whole wheat bread for toast. Make sure the label says *whole wheat*. How about lunch?

Mr. Bates: I eat on the run a lot. I usually grab a sandwich, chips and something to drink.

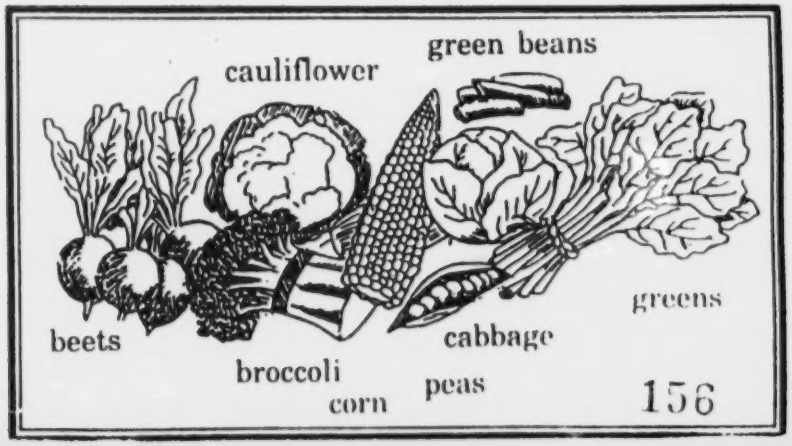
Doctor: Choose whole grain bread — like whole wheat. Have a piece of fruit, like an apple. Eat the skin for more fiber.



Doctor: Try to get two fruits a day — raisins in your cereal, fruit for snacks or dessert. At dinner time, try to eat two vegetables.

Mr. Bates: I like broccoli. I get that at the salad bar.

Doctor: That's good! Baked potatoes with the skins are good. Beans and peas have fiber. Remember, eat fruits, vegetables, whole grain bread, cereal, beans and peas to put fiber in your diet.



Jackie: I *walk more*. And I *eat less food and less fat*. It doesn't cost money and I don't buy a lot of special food.

I *am* losing weight. My clothes fit me better. I feel better. It's not magic and it's not easy, but it's working.

Rhonda: Less food and less fat! And you walk more! It's easy to say but hard to do.

Jackie: If you make up your mind, you can do it too. Why don't you try it with me?

Rhonda: OK. Let's work together!

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Your Best Body

A Story About Losing Weight

Part 1

Rhonda: Jackie, I'm so tired of being heavy.

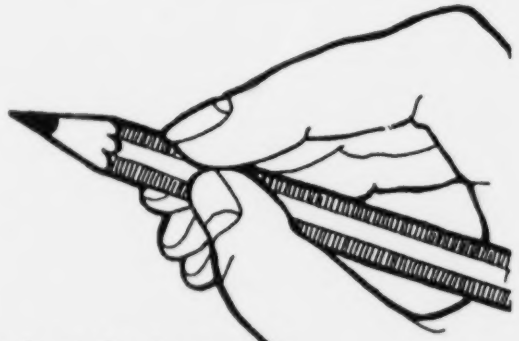
Jackie: What's wrong?

Rhonda: The dress I just bought for my niece's wedding is too tight now. I tried that dress on two weeks ago and it was fine.

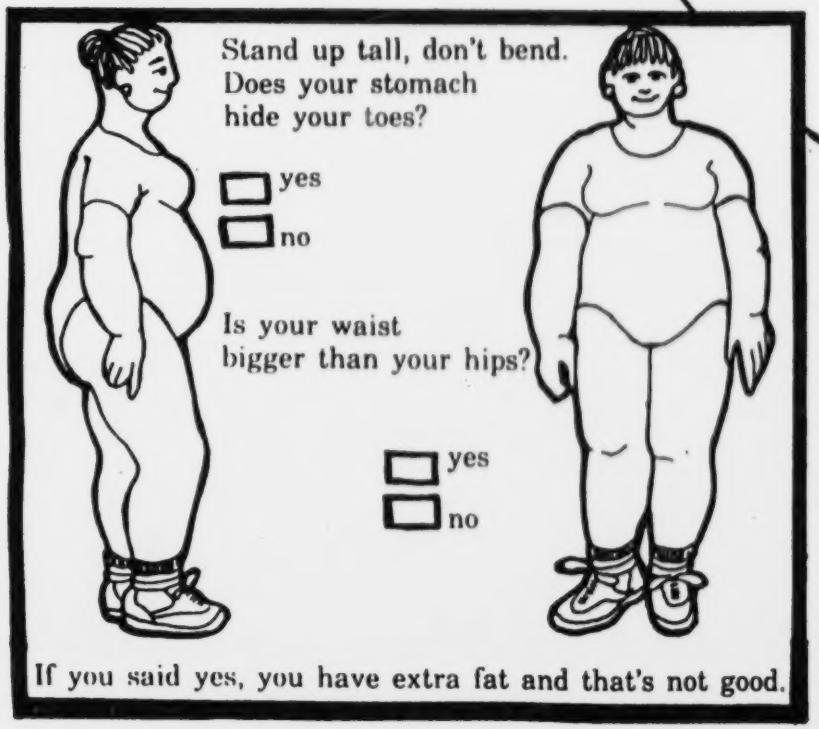
Nothing fits me. I am tired all the time. I don't mind being large, but this has got to stop.

Jackie: Why don't I come over later? I have a couple of outfits you could try on. Besides, I asked my doctor about losing weight — diets just don't work for me. I'm trying something else and it's really working.

Get a pencil. And answer the questions below.



You can have your best body too!



Later

Rhonda: OK. You said you were trying something new to lose weight. Tell me all about it.

Jackie: Well, you know how many crazy diets we went on. None of them worked.

Rhonda: Yes indeed. We tried grapefruit, breakfast bars, and that liquid diet.

Jackie: And those diet pills. I wasted a lot of money on them.

Rhonda: So what are you doing this time?

Do you need to lose weight? ___ yes ___ no

Check which tips you can try first:

___ Throw away your grease can.

___ Eat fruit and vegetables.

___ Eat 3 meals a day, don't skip meals.

___ Walk or climb stairs every time you can.

___ Take a walk or call a friend instead of eating.

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Your Best Body

A Story About Losing Weight

Part 2

Jackie: I knew I had to do something. My feet hurt, my clothes were too tight. I was always out of breath and tired.

I talked to my doctor and we worked out a simple plan.

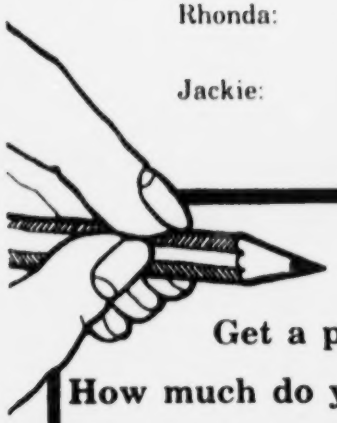
First, I had to decide how much weight to lose.

Rhonda: How much weight are you trying to lose.

Jackie: I felt good when I could wear a size 16 dress and I was about 170 pounds then. So 170 pounds is my goal.

Rhonda: Girl . . . Is that all you want to lose? Size 16 isn't small.

Jackie: I know. I am not a small person. No one in my family is small. You have to lose what makes sense to you.



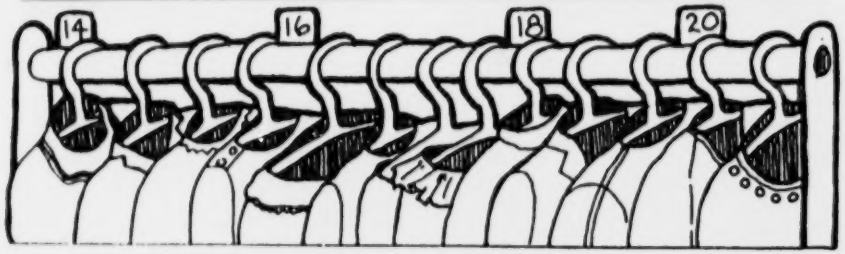
Get a pencil. Answer the questions.

How much do you weigh now? _____

What would you like to weigh? _____

What size pants would you like to wear? ___

What size dress would you like to wear? ___



Rhonda: Maybe, I'll try losing weight with you.

Jackie: Great, it will be fun to do it together.

Rhonda: Tell me some of your tips. How did you get started?

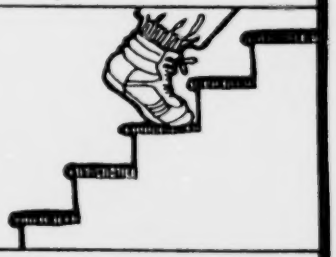
Jackie: Here are some of the things that worked for me.

Eat three meals a day. Don't starve yourself and then stuff. It won't work.

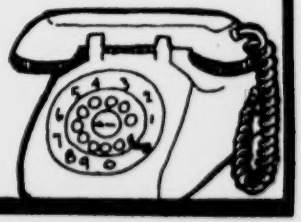
Throw away your grease can. Don't eat bacon grease and other meat fat.

Don't buy cakes and cookies. Spend that money to get fresh fruits and vegetables on sale.

Take the stairs, and walk every time you can. It really helps to lose weight if you are more active.



Call a friend or take a walk instead of eating. Don't eat because you are bored, upset or lonely.

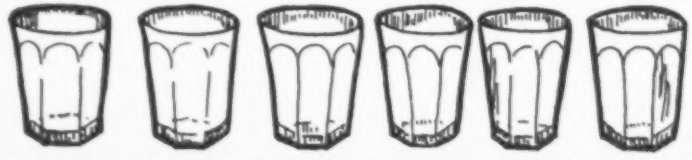


Rhonda: Hmmm . . . Eat three meals a day. Don't pile the food up on your plate, and no second helpings. Anything else that helps?

Jackie: Yes, I drink a lot of water. It sort of fills me up and the doctor said drink water every day.

How many glasses of water do you drink each day? ___

Try to drink at least 6 glasses of water each day.



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Your Best Body

A Story About Losing Weight

Part 3

Jackie shares some tips.

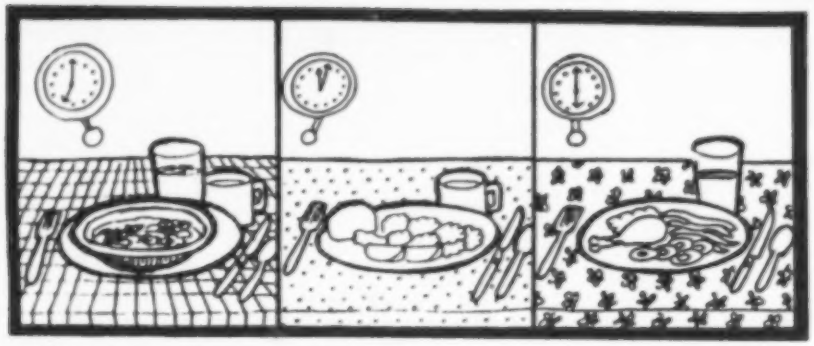
Rhonda: You're looking good.

Jackie: I'm losing weight. I have lost 8 pounds this month.

Rhonda: I can tell. Your pants look a little big on you. How do you do it?

Jackie: First, I don't skip meals. Breakfast, lunch and dinner, no snacks.

Losing weight takes time. Go Slow. One or two pounds a week.



Eat breakfast. **Eat lunch.** **Eat dinner.**

Jackie: You know I never used to eat breakfast and hardly any lunch. As soon as I got home from work I started eating ... and never stopped all night!

Rhonda: I know that story all right!

Jackie: But now, I eat three meals a day.

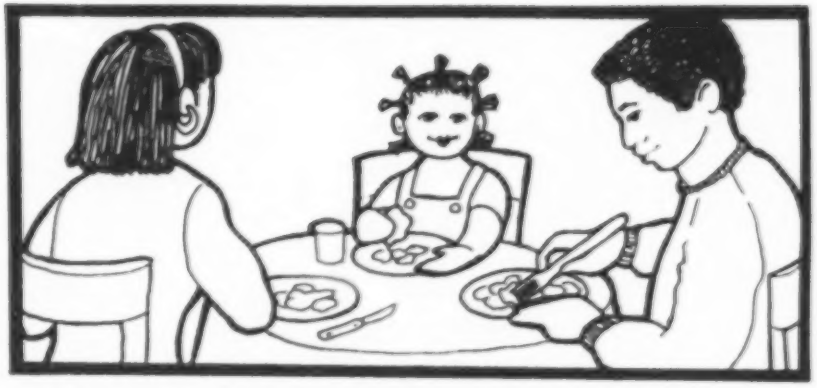
Get a pencil. Check these boxes.

Do you eat in the morning? [ ] yes [ ] no

Do you eat lunch? [ ] yes [ ] no

Do you eat in the evening? [ ] yes [ ] no

Do you eat snacks? [ ] yes [ ] no



Jackie: Next, I stopped eating so much. I don't pile the food on my plate. I take only one helping. The best part is I don't make special food just for me. I eat with my family.

This is good.

Does your plate look like this?

[ ] yes

[ ] no

Does your plate look like this?

[ ] yes

[ ] no

This is too much.

Later

Rhonda: I tried some of those soul food cooking tips. They are good. You and I have really changed the way we cook.

Jackie: Yes, and don't we look good. I feel great too.

Come on with us. Eat less fat. Walk more.
You can have your best body too.

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Your Best Body

A Story About Losing Weight

Part 4

Jackie: Hey, Rhonda. How are you doing?

Rhonda: OK, I guess. I am trying to lose weight the way we talked about. But girl, it is hard!

Jackie: You have to go slow. Don't change everything at the same time.

Rhonda: I am not trying to change too many things.

Only one spoonful.

Rhonda:

I take only one spoonful of gravy or salad dressing.

And I'm not having any fried foods. I bake everything now. I haven't used my oven so much in years.

Rhonda:

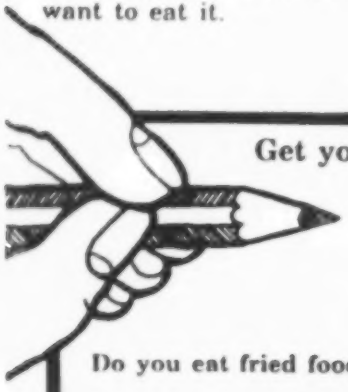
I do miss those fried foods. This is not easy.

Jackie:

I know it's hard. We are used to a lot of fried food.

Soon you will lose your taste for all that grease. You won't even want to eat it.

Use your oven. Don't fry.



Get your pencil out and answer.

Do you eat fried food more than once a week? [ ] yes [ ] no

Do you eat chicken skin? [ ] yes [ ] no

If you said [X] yes, you are eating too much fat.

Jackie: Say, look what I found — a cookbook with soul food.

Rhonda: Let's see. I thought soul food was bad for us.

Jackie: No, look. Soul food is healthy food — greens, chicken, sweet potatoes, cornbread. It's the added grease that puts too much fat on us.

Low Fat Soul-Food Cooking Tips:

Cook greens with fresh turkey parts, not lard or fat back.

Mash sweet potatoes with orange juice and cinnamon. Leave out the butter.

For biscuits, use corn oil and skim milk, instead of lard and regular milk.

Make macaroni and cheese with skim milk and low fat cheese.

For cripsy fish, roll in cornmeal. For crispy chicken, remove the skin, then roll in breadcrumbs. Bake instead of fry.

Clearing up the cholesterol confusion

Your recent article on eggs (Jan. 19) mentions the confusion about the cholesterol-heart disease connection. This confusion parallels that over fat and heart disease. Since public policy stressed the need to decrease saturated-fat intake a decade ago, the food industry has responded. They responded by frying and baking with vegetable oil instead of beef tallow and butter. Margarine has become more popular and butter less popular.

But there is a problem — a big problem. The "partially hydrogenated" vegetable oils used in baking and in making margarine may actually cause more heart disease than the beef tallow and butter they replace.

Partially hydrogenated vegetable oils are vegetable oils that have had hydrogen added to them. For example, the addition of hydrogen to soybean oil makes partly hydrogenated soybean oil. Food manufacturers hydrogenate liquid vegetable oils because they have a longer shelf life and produce a crisper and tastier product. During the process of hydrogenation, trans fats are made.

Trans fats are the culprit. These man-made fats may cause heart disease. They are in margarines, mayonnaise, salad dressing, corn chips, crackers, french fries, imitation cheese, chicken nuggets, cookies, donuts, pastries and even baby foods.

Recent studies have demonstrated the association of heart attacks with the consumption of man-made trans fats. This is seen in both men and women. Natural trans fats are present in small amounts in meat and dairy fat, but have not been associated with heart disease. Six grams or more of trans fat daily doubles the risk of heart disease. The average American consumes 8 grams of trans fat daily.

A majority of trans fat in our diet is man-made. A donut has 3 grams of trans fats, a danish 3 grams, a piece of cake 1 gram, a piece of pie 1 gram. Why are they so bad? Large amounts can raise the LDL (bad) cholesterol and lower the HDL (good) cholesterol. They may increase blood clotting. They may change the structure and function of cell membranes.

This mess is not the fault of food industry officials. They knew no better, but now they do. Now they must change and eliminate "partially hydrogenated" oils from their products. In the meantime, what can we do? Avoid items that have "partially hydrogenated" on the label. Cook and bake with liquid vegetable oils. Avoid commercially baked goods. Limit or eliminate margarine intake.

Mark R. Goldstein, M.D.
Director, Cholesterol Center
Crozer-Chester Medical Center
Upland, Pa.

Philadelphia Inquirer, February 7, 1994.

Doctor: Start with a brisk 10-minute walk, three times a week. Work up to 30 minutes, three or four times a week.

Mr. Bates: Thanks doc! I'm glad I found out about my cholesterol before it was too late.

Doctor: I'm glad too! Cut back on the fat you eat. Start exercising. Come back in six weeks and we'll check your cholesterol again.

Eat less fat.

Get some exercise.

Know your number.

Thanks to Shirley Jones Shakur, MSN student, LaSalle

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Mr. Bates Learns About Cholesterol

Doctor: Mr. Bates, I'm glad you came in to get your cholesterol checked. Your level is 280.

Mr. Bates: Is that bad?

Doctor: Well, that is a high cholesterol level. It should be below 200.

Mr. Bates: I'm not sure what cholesterol is, or how to keep it under 200. What exactly is it?

Doctor: Cholesterol is a type of fat that's in your body and blood. Your body makes some cholesterol and you get more from the food you eat.

You need some cholesterol to be healthy, but too much is not good.

Here is the goal :

Total cholesterol ... under 200 mg/dL

What is your number?

Mr. Bates: What happens if my cholesterol is over 200?

Doctor: Well, if there is too much cholesterol in your blood, it can clog your arteries. Blood would not get through to your heart, and you would have a heart attack.

High cholesterol can cause you to have a stroke or heart attack!

Mr. Bates: That's what happened to my father. I don't want to have a heart attack. What can I do about it?

Doctor: The main way to lower your cholesterol is to eat less fat.

High fat foods can raise your blood cholesterol. Cut down on food like this.

*** fried food** *** gravy**

*** chicken skin** *** salad dressing**

*** cheese** *** ice cream**

*** thick, creamy sauces**

Eat less of this kind of food.

Doctor: Another thing you can do is get some exercise.

Mr. Bates: I'm out of shape, Doc. What kind of exercise do you mean?

Lorraine: Delores, thank you so much for your help. I feel a lot better because it is not so confusing and scary! I feel like I can do something about it.

Delores: We covered just a few of the things you need to know. Ask your doctor exactly what she wants you to do. Ask her to refer you to a class for people who have diabetes.

Lorraine: OK! Starting today, I'm taking control of my diabetes.

For more information, call the American Diabetes Association. 1-800-232-3472

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Put the Fat Back!

Lorraine: Delores? Is that you? How long has it been?

Delores: Lorraine! How are you?

Lorraine: Pretty good. Except for one piece of bad news.

Delores: Oh, Lorraine, what's happened?

Lorraine: I just found out I have diabetes.

BEST COPY AVAILABLE

Lorraine: My doctor gave me a list of food I should eat. It sure isn't the kind of stuff I eat now. This is turning my life upside down.

Delores: When you have diabetes, you have to take very good care of yourself and that includes eating right. Your life depends on it. I know, I've had diabetes for years now.

Lorraine: It's all so confusing and there is too much to remember. How do you do it?

Take control of your diabetes. Learn what to eat, when to eat and how much is right for you. Stay away from sugary and high fat foods.

Delores: Lorraine, I couldn't do it all at once. I started to make one change at a time. Come on, I have to pick up some things. I'll show you how my family and I eat nowadays.

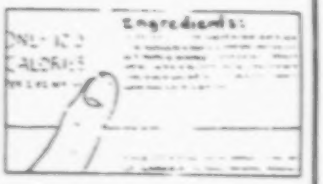
Eat regular meals at the same time each day. Don't skip meals.

Frying food adds a lot of fat. Try baking, broiling or steaming instead of frying. Throw away your grease can!

Eat plenty of fresh fruits and vegetables. 1 tablespoon of salad dressing

Look for ways to be more active. Walk up stairs.

Learn to read labels. A class for people with diabetes can help. Call your doctor and ask about a class near you.



Don't eat that second helping. Serve the plates at the stove and leave the extra food on the stove, not on the table.

Back at the Health Center later.....

Lena: Pearlie you look great. And you've lost weight. What's your secret?

Pearlie: Oh, I put my frying pan in the back of the cupboard!

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Put Away Your Frying Pan

Cooking for Good Health

At the Health Center one day .....

Lena: Your blood pressure's fine today, Pearlie.

Pearlie: It should be. I'm taking my medicine and I've been sticking to my diet.

Lena: The food you eat really can make a difference in your health, good and bad.

Pearlie: That's right! We cut way back on beef and pork. We cut out a lot of cholesterol that way, and fat, too.

Lena: What change really helped you lose weight?

Pearlie: I eat less. I bake, steam or broil instead of frying. I put away the frying pan and I don't go back for seconds.

The next day, a neighbor visits Pearlie at home...

Melissa: I told my mother what you said about taking the skin off chicken. And she's going to bake it instead of frying it!

Pearlie: Good! Because the less you fry, it's better for your health. Fried chicken with skin has twice as much fat as baked without.

When you cook with ground beef, pour off the grease before you put the meat in spaghetti, chili, or other dish.

1. Cook the meat.

2. Throw away the grease.

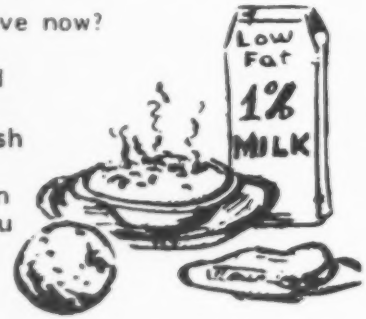
3. Continue cooking.

Melissa: How is your neighbor's husband?

Pearlie: He's better. After his heart attack the doctor said he had to cut out bacon or sausage and egg breakfast, or else.

Melissa: What does he have now?

Pearlie: Well, hot or cold cereal with low-fat milk, toast and fresh fruit make a good breakfast. Fiber in the cereal helps you keep regular, too!



Melissa: What a pretty cake!

Pearlie: And it's a low-fat dessert, too! No egg yolks, just the whites. No shortening. I made this one but you can buy them in the store and decorate with fruit. No icing.

Fruit and jello are other low-fat desserts. But jello has a lot of calories from sugar. When you want to lose weight, do not eat desserts!

Fresh fruit.

Gelatin (jello).

Rhonda: Oh, Jackie, what am I going to do?

Jackie: You're going to go for your next appointment and start learning how to control your diabetes. That's what you're going to do.

You can still have a good life.

Control your diabetes.
Talk to your doctor.
Check your blood sugar.

Health Promotion Council of Southeastern Pennsylvania
311 S. Juniper Street, Suite 308
Philadelphia, PA 19107
(215) 848-1276

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Living with Diabetes

Part 1: Rhonda Has Diabetes

Jackie: What's wrong?

Rhonda: I went to the doctor because I just wasn't feeling right. I felt tired all the time and everything I drank went right through me.

Jackie: What did the doctor say?

Rhonda: I have diabetes! I was so upset. It's bad, isn't it?

Jackie: Well, diabetes is serious. I know, my mother has it. It can't be cured, but you can control it, Rhonda. You can still have a good life.

Rhonda: What is diabetes?

Jackie: Well, it's when your blood sugar is too high and it makes you sick. Here's how it <u>should</u> work. First, the food you eat changes into what the doctors call blood sugar.

Food turns into blood sugar.

Jackie: Then, your body turns the blood sugar into energy.

Blood sugar turns into energy.

Rhonda: The doctor checked my blood sugar. She said it was high.

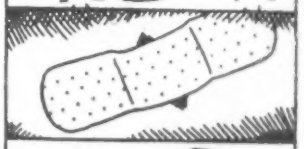
Jackie: When you have diabetes, you can make blood sugar but you can't turn it into energy. It stays in your blood. That is what makes you tired.

When the sugar in your blood is too high, you could have these problems:

very tired

can't see well

sores or cuts that don't heal



thirsty all the time

going to the bathroom a lot

<u>Don't wait!</u> <u>Call your doctor.</u>

Rhonda: Why me? I eat just the same as everyone else.

Jackie: They really don't know exactly why anyone gets it. But diabetes often happens to people who are over 40. It happens in heavy people. And sometimes it runs in the family.

Rhonda: Honey, I'm going to need some help with this. I have to make some big changes.

Jackie: You know what they say, one day at a time. I know you can do it, and I'll do whatever I can to help.

You can still have a good life.

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Living With Diabetes

Part 2 : Rhonda Learns About Insulin

Rhonda: The doctor gave me these pamphlets. Let's look at them.

Jackie: It says insulin is made in your body, in your pancreas. Insulin helps turn blood sugar into energy.

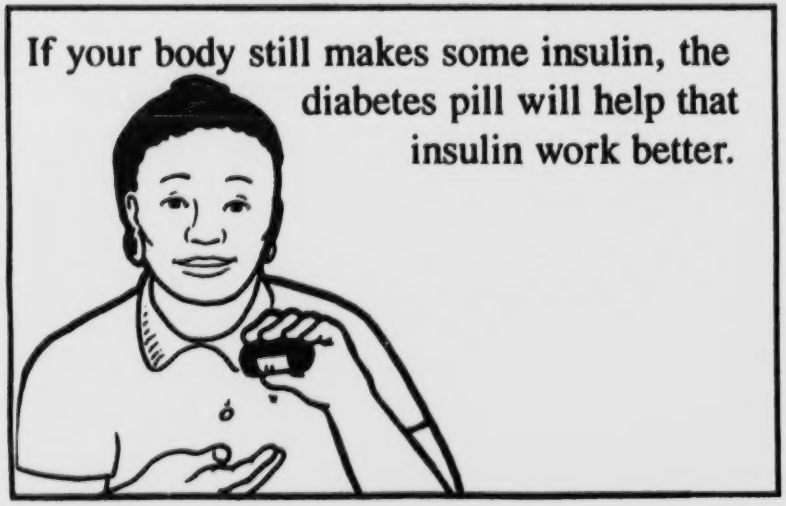
Rhonda: So you can do what you need to do, like walk, talk, and breathe!

Jackie: Right. You have to have insulin for your body to work right.

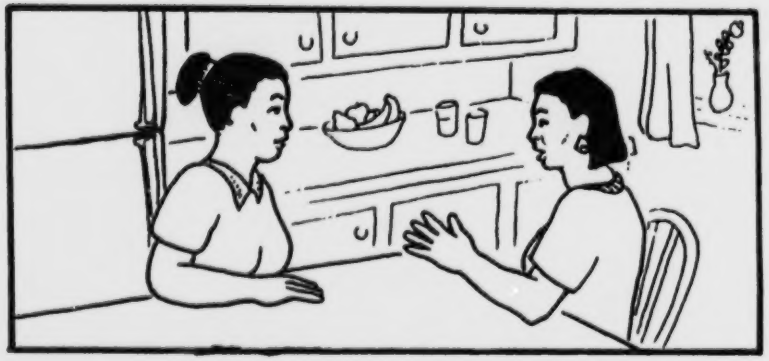
Rhonda: Now in my case, my body makes insulin, but not enough. Or, the insulin doesn't work right. So my blood sugar gets too high.

Jackie: My mother has to take insulin needles. Do you?

Rhonda: No, not yet anyway. I have some pills to take. They will help make my insulin work better.



Jackie: If you take care of yourself and control your diabetes, maybe you won't need to take insulin needles.



Rhonda: Well, that's what the doctor told me. Here's the hard part for me, Jackie. I have to be real careful about what I eat and I need to exercise!

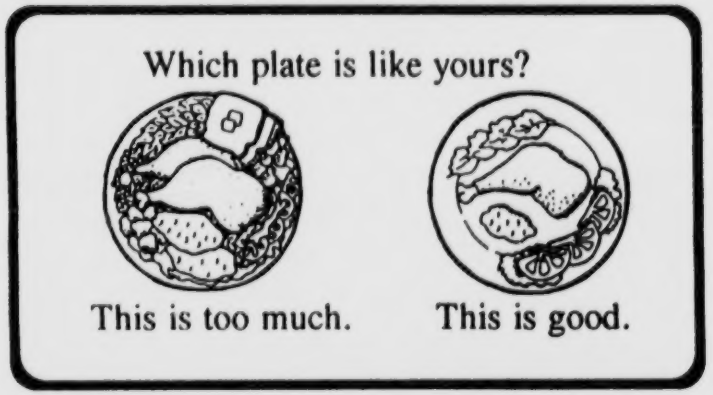
Jackie: Hey girl, this is not the end of the world. It won't be easy, but some hard work now to control your diabetes can save you a lot of heartache later. And that is the end of my speech!

Rhonda: So, I watch what I eat, I don't overeat, and I take my pills, anything more?

Jackie: This is only some of what you need to know. You should go to a diabetes class. My mother went to one and it helped. Ask your doctor about it.

Rhonda: Oh, Jackie, this is too much for me.

Jackie: Honey, you don't have to do it all today. Just get a start today. And then take it one day at a time.



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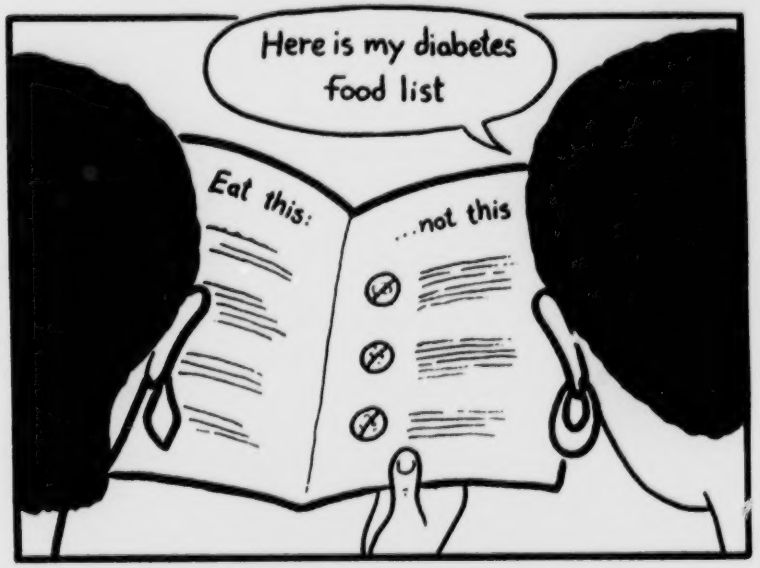
Living with Diabetes

Part 3: Rhonda finds out about food



Rhonda: The doctor gave me this diet sheet. Here, take a look.

Jackie: Oh, yes. Look, there is a list of the food you should eat and here is the food you should not eat.

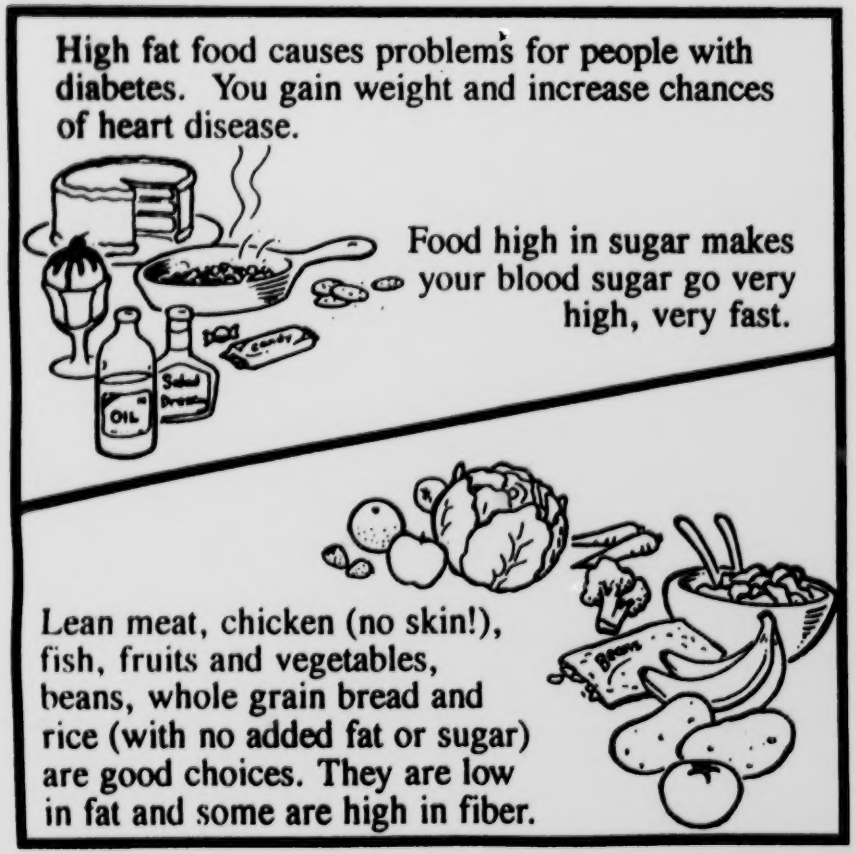
Rhonda: What makes the difference between food you can eat and food you can't eat?

Jackie: Well, some food makes more blood sugar. Some has too much fat. That isn't good for you. Everybody needs to eat low fat food. Especially people with diabetes.

Rhonda: Ok, now what food do I need to stay away from? Probably everything that's good.

Jackie: It says stay away from food high in sugar and food high in fat.

Rhonda: Let's see what food I should choose. Fruits and vegetables -- I like them, whole grain bread, beans and rice. Hmm, that sounds pretty good. Lean meat, chicken (no skin) and fish are the protein foods.


High fat food causes problems for people with diabetes. You gain weight and increase chances of heart disease.
Food high in sugar makes your blood sugar go very high, very fast.
OIL
Lean meat, chicken (no skin!), fish, fruits and vegetables, beans, whole grain bread and rice (with no added fat or sugar) are good choices. They are low in fat and some are high in fiber.

Jackie: Portion size is very important. With <u>any</u> food you eat, you have to watch how much you eat.

Practice measuring portions so you learn how much is too much. Don't eat too much. Eat the right amount for you.

Rhonda: What else does the book say I need to do?

Jackie: Watch your weight. You might have to lose some. I do, too. We'll do that together. And don't skip meals.

Rhonda: Well, that part should be easy! I don't like to skip any meal.

Jackie: You have to eat at the <u>same time</u> each day.

Rhonda: My daughter can never get dinner on the table on time.

Jackie: When that happens, you need to eat something like a piece of bread or fruit to hold you over. And when you get to the table, remember that you <u>already started</u> your dinner.

Rhonda: Jackie, I'm going to check my sugar. If it is under 300, let's go for a walk. You said you wanted to help. Here's your chance.

Jackie: I had to open my big mouth, didn't I? You're right! Let's go for a walk.

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Living with Diabetes

Part 4: Rhonda gets the word on exercise

Rhonda: I know what you are going to say, Jackie. I don't think I want to hear it.

Jackie: Listen a minute, Rhonda. Exercise is good for people. But it is very important for people with diabetes to exercise.

Rhonda: Really? How come?

Jackie tells Rhonda there are three reasons why exercise is so important for people with diabetes.

*Exercise helps insulin work better.
*Exercise burns up blood sugar.
*Exercise helps weight loss.

Choose something you like!!

Some good choices are:

Walking

Biking
inside or outside

Aerobics
at home or in a class

Ask your doctor about the best exercise for you <u>before</u> you start.

Rhonda found out that people with diabetes need to take special care of their feet.

*Get shoes that fit right,
no pinching or rubbing.
* Check your feet after you exercise,
every time.
* If you have any cuts or blisters, tell
your doctor right away.

Some more tips on exercise . . .

* Exercise at least three times a week.
* Start slowly. Work up to 30 minutes
each time.
* Exercise at the same time each day.
* 1 to 2 hours after a meal is best.
* Always check your sugar. If it is
<u>over 300, do not exercise.</u>

Sherry decided it was time for her to quit smoking, too. She thought she might need to stay away from places where people smoked a lot. She was glad to have the help of her friends in class.

For help with smoking: Cancer Information Service

1-800-422-6237

For help with drinking:

Alcoholics Anonymous _____

For help with : _____

_____

Written by students at the Center for Literacy.
Health Promotion Council Of Southeastern Pennsylvania, Inc.
311 South Juniper Street, Suite 308
Philadelphia, Pennsylvania 19107
(215) 546-1276

"How did you quit?"

Bob, Maria, Sherry and Brenda are in literacy class together. During a break, Sherry reaches for her cigarettes. She looks around and asks in surprise, "Am I the only smoker here?"

"I quit," said Bob, "four years ago."

The others used to smoke too. Brenda quit six months ago and Maria quit just three weeks ago. Sherry wants to know how they did it — how did they quit?

Sherry: Bob, you used to smoke. How did you quit?

Bob: I went cold turkey.

Sherry: Cold turkey?

Bob: I threw away my pack of cigarettes and said that's it.

Sherry: What did you do when you wanted to smoke?

Bob: I chewed gum or ate a piece of hard candy. Or, I went for a walk.

When you get the urge to smoke, you have two choices. Smoke or resist. Exercise helps you resist the urge to smoke.

Sherry: Brenda, how did you quit smoking?

Brenda: I gave myself a week to quit smoking. Each day I'd smoke less and less.

Sherry: What happened the next week?

Brenda: The next week I kept some fruit like apples and oranges and some carrot and celery sticks with me all the time. I had some in my purse, in the car, and at home. When I had the urge to smoke, I'd eat some fruit or vegetable sticks instead. And I *made* time each day to relax.

Sherry: Maria what did you do?

Maria: I joined a support group.

Sherry: What did you do there?

Maria: We'd talk about ways to quit smoking. I got a phone buddy, someone to call and talk to whenever I want to smoke. I like my group a lot.

Sherry: Thanks for your tips.

Christine: Smoking really is disgusting, isn't it?

Mother: Well, I agree with you there. I know you can do it, Christine. I know you can quit.

Christine: Thanks, Mom!

After you quit, you may still get urges to smoke.

Before you light up, try the four **D**'s:

Delay

Deep breath.

Drink water (or other low calorie drink).

Do something else.

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Supported by a grant from Smith Kline & French Laboratories

It's Time To Quit!

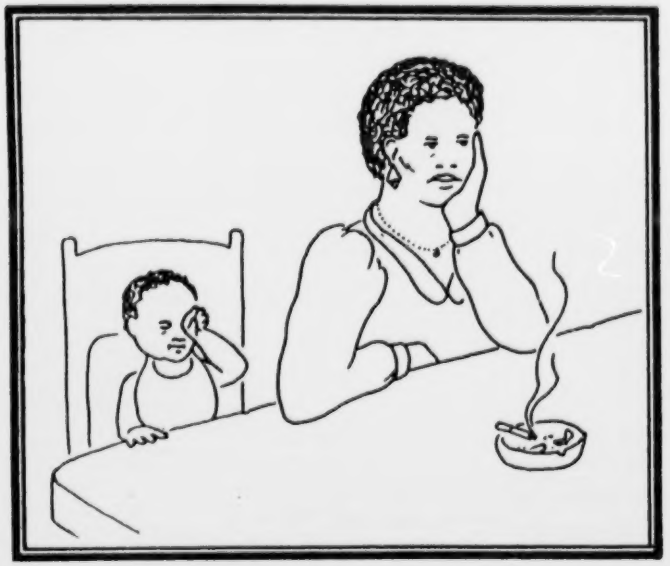
Christine: Hi Mom, it's Christine. Can you watch Richie? He's sick and I can't take him to the day care center.

Mother: Oh, Christine, is he sick again? My poor baby! Bring him right over. I'll watch him.

Mother: I read that kids who live with parents who smoke get sick more often. Maybe you should think about that, Christine.

Christine: I've tried to quit before. I can't do it.

Mother: It's not easy to quit smoking. Most people slip a few times before they quit for good. Some people try many times before they quit for good. It's worth trying again.



Do you smoke around your children? [ ] yes [ ] no
Are your children sick with colds a lot? [ ] yes [ ] no
If you answered yes, think about quitting for your kids' sake.

Christine: Hi Mom. You know what, I decided I don't want to smoke anymore. I'm going to quit.

Mother: I'm glad to hear it. What made you decide to quit?

Christine: Well, I think the smoke does bother Richie. I don't want him to be sick. Number two, it's a big waste of money. Number three, Frank told me my hair smells bad.

Mother: What?

Christine: Yes. I was mad at first, but he's right.

If you are ready to quit:

- Stock up on low calorie snacks.
- Pass up high fat foods.
- Walk, or get some other exercise.
- Be proud of yourself.

Mother: Remember when your Aunt Helen decided to quit? Before she actually did, she put her cigarette butts in a glass jar and put the lid on it. When she had an urge to smoke, she picked up that jar. She remembered that she quit because smoking made her clothes stink, made her teeth yellow and cost her a lot of money.

Doctor: We'll look at the pros and cons of either choice. That will make your decision easier. But, remember, the final choice is up to you.

Benefits of using ERT:

* Keeps bones strong
* Protects your heart
* No more hot flashes!!
* Keeps lining of the vagina moist and thick

A lot can change after menopause. Ask your doctor to help you understand what that means <u>for you</u>.

Thanks to Glenys Tucker, Health Educator
Health Promotion Council of Southeastern Pennsylvania
311 South Juniper Street # 308
Philadelphia, PA 19107
(215) 546-1278
Supported by the Pennsylvania Department of Health

After Menopause: Women and Heart Disease

Mrs. Lee: Now that I am going through the change of life, I heard something very scary. My cousin told me that women have more heart trouble after menopause. Is that true?

Doctor: Yes, your cousin is right. Some women use ERT after menopause for just that reason.

Mrs. Lee: What in the world is ERT?

Doctor: ERT stands for Estrogen Replacement Therapy. After menopause, your body doesn't make estrogen like it used to. You can take estrogen in pills to replace what your body used to make.

Mrs. Lee: What's estrogen?

Doctor: Estrogen is a hormone made in the ovaries. It helps keep our bones strong and protects our hearts. We need it to have children, too.

Mrs. Lee: Why is it different after menopause?

Doctor: After menopause, our ovaries no longer make estrogen and we have more chance of getting heart disease.

Mrs. Lee: No heart trouble for me. I want to start taking ERT today!

Doctor: Hold it, Mrs. Lee! ERT is not good for everyone. We need to look at your health history together before you decide whether or not you take it.

Mrs. Lee: Why shouldn't every woman take ERT?

Doctor: It seems that ERT causes health problems for some women.

If you have these problems, ERT may not be for you:

* Cancer of the womb or breast
* Serious high blood pressure
* Blood clots in the veins or lungs
* Diabetes
* Stroke

Mrs. Lee: What else can I do to help prevent heart disease?

Doctor: Watch your weight, eat food that is low in fat and low in sugar, and get yourself started on a regular exercise program. That will help you keep your heart healthy after menopause.

Mrs. Lee: How can I know what's right for me?

Facts You Should Know About

Women, Children & AIDS

- **Women** are the fastest growing segment of the HIV-infected population. Of all Philadelphians diagnosed with CDC-defined AIDS in 1991, 13% were women. Of all those who have tested HIV positive at the city's alternate test sites in 1992, 21% were women.

- AIDS diagnoses among women of color is higher proportionately in Philadelphia (84% of all women diagnosed) than it is in the United States as a whole (72% of all women diagnosed with AIDS).

- As of June 30, 1992, 3,898 AIDS cases in children under 13 years old had been reported in the United States. This cumulative total includes 749 cases reported from July 1991 through June 1992.

- The Centers for Disease Control estimates that between 1,500 and 2,000 HIV-infected children are born each year in the U.S.

- **Children** with AIDS are overwhelmingly people of color. Of the 3,898 children who have been diagnosed with AIDS in the U.S., 54% (2,100) are African American and 24% (951) are Latino. This trend is reflected in Philadelphia, where 95% of all children with AIDS are people of color.

- The most common means of transmission of the AIDS virus to children is through perinatal (before birth) transmission, which causes 85% of all cases of children with AIDS. The second most common means of transmission is through receipt of a blood transfusion or other blood products (8%).

- Women infected with HIV have a 1 in 3 chance of transmitting HIV to their unborn child. The healthier a woman is during her pregnancy, the less chance she has of transmitting the virus to her unborn child.

- At the root of many AIDS cases in children is injecting drug use by one or both of their parents. Of the children born with HIV in the U.S., 67% are born to mothers who are injector drug users or contracted HIV through sex with a drug injector.

Philadelphia Department of Public Health, Office of Maternal and Child Health
500 South Broad Street, Philadelphia, PA 19146 (215) 875-5925

Fast Facts about AIDS

produced by ActionAIDS, Inc, Philadelphia

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HIV Transmission

- **HIV (Human Immunodeficiency Virus) is a communicable disease that can be transmitted from an HIV infected person to another person through contact with HIV-infected blood, blood products, semen, vaginal and cervical fluids, and breast milk.** Nobody "catches" HIV the way people catch a cold. HIV is not airborne, nor does HIV survive long enough outside the body to be caught through normal contact with household objects and surfaces. **HIV can be transmitted 1) through sexual contact; 2) by direct exposure to infected blood; 3) from an HIV infected woman to her fetus during pregnancy or to her infant during breast feeding.**

- **In sexual activity, HIV seems most likely to be transmitted by unprotected vaginal or anal intercourse with an infected person.** In intercourse, it appears that HIV may be easier to transmit to the receptive partner than to the penetrating partner. However, an intact **latex condom, properly used, substantially reduces the risk of transmitting HIV** during anal or vaginal intercourse.

- **The risk of acquiring HIV infection by performing unprotected oral sex on an HIV infected person is uncertain.** There seems to be some risk in performing oral sex on a man (fellatio), but it is clearly much lower than the risk of vaginal or anal intercourse. Since pre-ejaculatory fluid ("pre-cum") contains a high concentration of HIV, it is not necessarily any safer to stop before the man ejaculates. Similarly, contracting HIV by performing oral sex on an infected woman (cunnilingus) is equally possible. Whether you are a woman or a man, the risk of contracting HIV by having oral sex performed on you seems extremely low, but by no means has been proved safe.

- **HIV is often present in the saliva, sweat, and tears of HIV infected persons. However, there is no evidence that kissing can transmit the virus. No case of HIV infection has been traced to exposure to saliva in any circumstance.**

- **There is only a remote chance of transmitting HIV through sexual activities that do not involve direct contact with semen, vaginal secretions, or blood. Touching, stroking, massage, and masturbation, alone or with a partner, do not transmit HIV.**

To learn more about HIV and AIDS, call ActionAIDS at (215) 981-0088

About HIV Disease

- **HIV (Human Immunodeficiency Virus) is the virus that ultimately causes Acquired Immune Deficiency Syndrome or AIDS.** Being infected with HIV is not the same as having AIDS. HIV is a fragile virus that, primarily, infects groups of blood cells which manage the operation of the immune system. Once a person is HIV positive, they, in effect, have HIV disease. Over time, HIV gradually reduces the immune system's ability to fight disease AIDS usually develop after years of living with HIV.

- **Most people who are HIV positive don't have obvious symptoms.** When initial symptoms develop, they are usually similar to those of common minor illnesses, though they may last longer and can be more severe. Persistent fatigue, unexplained fevers, fungal infections, gynecological problems, recurring night sweats, prolonged enlargement of the lymph nodes (glands), excessive dandruff, and weight loss are all common early symptoms of HIV disease.

- **In the first stage of HIV disease, most people who are infected with HIV appear healthy** and do not necessarily realize that they have been infected. People who are HIV positive often do not have symptoms for many years. The period from infection to manifestation of serious symptoms appears to average around ten years. However, people with HIV can transmit the virus to others, even if they have no symptoms and do not know that they have been infected.

- **Those infected with HIV may progress to the later stages of HIV disease either slowly or quickly.** A number of factors seem to influence the progression. In later stages, different health concerns may arise and require specialized treatment. After thorough medical evaluation, which must include appropriate laboratory tests of the immune system, people who have HIV disease can decide what treatments and strategies are best for them.

- **In order to be diagnosed with AIDS, an individual must be HIV positive** and develop any of 26 specific, life-threatening illnesses, or be HIV positive and develop a CD4 count (T-cell count) of less than 200. The 26 specific, life threatening conditions include pneumocystis pneumonia or cryptoccal meningitis as well as certain types of cancer, including Kaposi's sarcoma (a skin cancer that typically causes purple bumps or blotches), lymphoma (a cancer affecting lymph nodes) and cervical cancer.

- **Given currently available information, it appears that, without treatment, most people with HIV infection will develop serious symptoms at some point in the future.** However, antiviral drug therapies, prophalxes for opportunistic infections and other treatments seem toslow down the progression of HIV disease in most people. In addition, new and developing medical strategies may postpone serious problems. While HIV infection is often looked upon as a terminal illness, experts in the field hope that in the future it will become a chronic medical problem. **Already, people with HIV who work out an appropriate system of treatment in conjunction with a health care provider are staying healthy longer.**

Fast Facts about AIDS

produced by ActionAIDS, Inc, Philadelphia

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AIDS in Philadelphia

- **Over 5,000 people have been diagnosed with AIDS in the city of Philadelphia.**
  In the eight suburban counties in PA and NJ surrounding the city, another 2,500 people have been diagnosed with AIDS. **A total of 7,944 people have been diagnosed with AIDS in the Philadelphia metropolitan area.**

- **Between 20,000 and 30,000 Philadelphians are infected with HIV, the virus that causes AIDS. The number of AIDS cases reported by the city more than doubled between 1992 and 1993.** One out of every 815 Philadelphia residents was diagnosed with AIDS in 1993. Philadelphia has the 9th largest number of AIDS cases reported among major U.S. metropolitan areas.

- **North, West and Center City Philadelphia are the city's hardest hit neighborhoods.**
  Also hit hard are parts of South Philadelphia, Kensington and Germantown. Every Philadelphia zip code has reported at least one case of AIDS.

- **To date, African-Americans and Latinos account for 70% of all AIDS cases in the city.**
  AIDS was first reported in large numbers in the U.S. among white gay and bisexual men. But in Philadelphia and most other major American cities, a majority of those now diagnosed with AIDS are people of color of all sexual orientations.

- **Gay and bisexual men made up 53% of AIDS cases reported last year in Philadelphia.**
  Unprotected sex between men continues to be the most commonly reported risk factor in transmitting HIV, the virus that causes AIDS. But other risky behaviors have had a substantial impact: **35% of Philadelphia's AIDS cases in the last year were caused by HIV infection through sharing drug needles. Another 8 percent were caused through unprotected heterosexual sex.** Other modes of transmission accounted for the final 3 percent of cases.

- **Women account for 12% of all Philadelphia AIDS cases.**
  But that proportion is increasing rapidly: **In 1993, women accounted for 16% of all city AIDS cases.**

- **Pennsylvania is seventh among the states hit hardest by AIDS, with 10,268 cases.** At the top of the list: New York and California, each with over 65,000 cases.

Join the fight against AIDS! Call ActionAIDS Philadelphia (215) 981-0088

AIDS in the United States

- **One out of every 1,500 Americans has died of AIDS.**
  As of the end of 1993, the epidemic had left a total of 220,871 people dead in the United States — more than triple the number of Americans killed in the Vietnam War.

- **In the United States, an estimated 362,000 people have been diagnosed with AIDS.**
  About a third of these cases (104,500) were diagnosed in 1993.

- **One in every 100 American men and 1 out of every 600 American women has HIV. Between 1 and 1.5 million Americans are HIV-positive.**

- **AIDS is now the leading cause of death for American men aged 25 to 44.**
  It is the fourth-leading cause of death for women in the same age group. In Philadelphia and 64 other cities, AIDS kills more people aged 17 to 25 than any other cause except homicide. In several states, AIDS is now the leading cause of death for people in prison. **There is an AIDS-related death every six minutes in the United States.**

- **AIDS in the United States is primarily an urban epidemic.**
  85 percent of those diagnosed with AIDS live in metropolitan areas of 500,000 or more people. But the epidemic has reached virtually every part of the country: for example, all but three of Pennsylvania's 58 counties have reported at least one AIDS case. **And the CDC reports that AIDS is spreading faster in non-metropolitan areas than in cities.**

AIDS Worldwide

- **19.5 million people worldwide are thought to be infected with HIV. Four new infections occur every minute.** Over half of those with HIV live in sub-Saharan Africa, where AIDS is expected to orphan millions of children over the next decade. **Over 2.5 million cases of AIDS have been diagnosed throughout the world. Half a million of these cases are in children.**

- **Over 70 percent of all HIV infections worldwide are through heterosexual sex.**

- **By the year 2000, between 38 and 110 million adults may be infected with HIV worldwide.**
  Experts maintain that unless major breakthroughs lead to unprecedented success in HIV-prevention efforts, sub-Saharan Africa, parts of Asia, and the hardest hit Caribbean nations will be drastically affected by the early part of the Century--potentially losing significant portions of their populations.

Sources for these statistics include

The Centers for Disease Control and Prevention's *Morbidity and Mortality Weekly Report*, 3/14/94; *HIV/AIDS Surveillance Report*, October, 1993; GMHC Facts; the Philadelphia Department of Health's *AIDS Quarterly Report*, February 18, 1994; the San Francisco *Chronicle;* and the World Health Organization's *Global AIDS News*, No. 3, 1993. ff7/94

Fast Facts about AIDS

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People of Color and AIDS

- **People of color account for 49% of all U.S. AIDS cases since the beginning of the epidemic,** even though only 16% of the U.S. population are people of color. More recent rates are higher: **54% of all U.S. AIDS cases diagnosed in the past 12 months were among people of color.**

- **Three-quarters of all U.S. women with AIDS are women of color.**

- **More than 75% of the over 5,000 children diagnosed with AIDS in the U.S. are Latino or African-American.**

- **A disproportionate number of newly-diagnosed gay and bisexual men are people of color.** Of the 51,378 gay and bisexual men diagnosed with AIDS in the last 12 months on record, more than 35% are African-American, Latino, Asian or Native American.

- **Over 100,000 African-Americans have been diagnosed with AIDS.** One-third of these diagnoses took place in the last 12 months. **In 1992, 1 out of every 900 African American men was diagnosed with AIDS, and AIDS accounted for a quarter of all deaths among black men aged 25 to 44.**

- **Over 50,000 Latinos have been diagnosed with AIDS in the United States.** One-third of these AIDS cases were reported in just the last 12 months. In Puerto Rico alone, 10,692 people have been diagnosed with AIDS.

- **Over 2,000 Asian-Americans and over 700 Native Americans have been diagnosed with AIDS.**

- **Transmission through injection drug use is responsible for a large proportion of AIDS cases in African-American and Latino communities.** Among men, infection through shared needles has caused 38% of Latino and 36% of African-American cases. Among women, injection-drug use or sex with an injection-drug user accounted for 71% of African-American cases and 75% of Latina cases.

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Sexual Orientation and AIDS

- **Heterosexual HIV transmission accounted for over 9,000 U.S. AIDS cases in 1993--or 9% of total reported 1993 cases--a 130% increase over 1992.** In 1985, only 2 percent of AIDS cases reported were due to heterosexual HIV transmission. **The US Centers for Disease Control warns that adolescents and young adults, women, African Americans and Latinos are at the highest risk of contracting HIV.**

- **Gay and bisexual men make up the largest number of people with AIDS in the U.S.** Of the 293,642 adult and adolescent men who have been diagnosed with AIDS since 1981, 69% are gay or bisexual. That proportion is declining, however: in the last 12 months on record, gay and bisexual men made up 63% of newly-diagnosed AIDS cases.

- **The federal government does not monitor AIDS transmission through lesbian contact.** While the risk of HIV transmission between lesbians is generally acknowledged to be low, **an HIV-positive lesbian can transmit the HIV virus to her partner through unsafe sex practices.** The association of homosexuality with AIDS has caused many lesbians to face AIDS discrimination, even as their risk goes virtually unrecognized by health officials.

- **Young people — both gay and straight — are not taking adequate safer-sex precautions.** A San Francisco Health Department survey shows that a second wave of HIV infections is taking shape in that city's gay community, with the highest incidence among gay men between 17 and 25 years old. Officials also report that young heterosexuals are either unaware of HIV-prevention measures or are failing to put them into practice.

Women, Children and AIDS

- **The 40,000 American women diagnosed with AIDS account for 12% of all U.S. AIDS cases.** But that proportion is growing: the 15,000 women diagnosed with AIDS in the past 12 months represented 15% of all cases. **Women are the fastest-growing U.S. group at-risk for AIDS.**

- **Unsafe heterosexual sex is the leading cause of AIDS in women, followed closely by needle sharing.** These transmission routes accounted for 84% of all women's AIDS cases in the last 12 months.

- **Only 30% of all children born to HIV-positive mothers are themselves infected with HIV.** About one-third of children born with HIV die soon after birth; researchers theorize that they are infected *in utero*. The other two-thirds of children born with HIV can live 10 years or longer.

Sources for these statistics include

The Centers for Disease Control and Prevention's *Morbity and Mortality Weekly Report*, 3/11/94; *HIV/AIDS Surveillance Report*, October, 1993 and 1992 Year End Edition; the Philadelphia *Inquirer*; *Newsweek*; and the Philadelphia Department of Health's *AIDS Quarterly Report*, February 18, 1994. ff7/94

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AIDS and Public Policy

- **Gay and bisexual men and people of color are disproportionately affected by AIDS, and women and adolescents are among the fastest-growing groups at-risk for HIV infection.** Homophobia, racism, and sexism contributed to a slow early response to the AIDS epidemic in the United States. While the initial wave of AIDS cases occurred among gay and bisexual men, many more people were infected. **About 40% of all newly-diagnosed AIDS cases in the U.S. are among heterosexuals. AIDS prevention and education efforts must focus on all populations in order to be truly effective.**

- **Despite laws forbidding discrimination, people with HIV and AIDS often lose their jobs, homes and health insurance.** The Americans with Disabilities Act (ADA), signed into law in 1990, prohibits discrimination against people with HIV disease in public accommodations and employment. Though legal help is available for people who face HIV/AIDS-related discrimination, excessive caseloads and the tenuous health of clients often prevents cases from coming to justice. **Government prosecutors must play a larger role in fighting such unjust discrimination.**

- **The widespread discrimination faced by people with HIV and AIDS obligates health officials to maintain the confidentiality of all people with HIV and AIDS.** Nevertheless, 25 states currently require that personal information—including, in some states, names—of people with HIV/AIDS be reported to health officials. Because of the fear surrounding disclosure of HIV-related information and its potential for discrimination, reporting can discourage people from getting tested and seeking appropriate treatment for HIV-disease.

- **Requiring health-care workers to take HIV tests is no guarantee of public safety.** The risk of contracting HIV from a doctor during surgery is 1 in 21 million for every hour of an operation. Healthcare workers run a far greater risk of contracting HIV from patients. **It would cost an estimated $55 million per year to test every health care worker in Pennsylvania—money better spent helping those with AIDS and educating the public about the epidemic.**

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AIDS and Public Policy (continued)

- **Despite the gay community's overwhelming need for safer-sex education, only a small proportion of the federal government's HIV-prevention efforts are targeted at gay and bisexual men.**
  None of the government's controversial safer-sex television ads are for gay men, and none of its free literature, posters or brochures speak directly to gay people. HIV-prevention efforts in the gay community are funded mostly by financially-strapped city budgets, private foundations and donations.

- **Calls for mandatory HIV-testing for criminals — and increased criminal penalties for those who test positive — only promote fear and misunderstanding about HIV.**
  Laws like these are unnecessary. Cases involving the intentional transmission of HIV can be fully prosecuted using existing criminal statutes.

- **Approximately 43 million people — 17 % of the U.S. population — do not receive adequate health care.**
  This includes 37 million Americans who have no health insurance at all. **A national health care plan that provides comprehensive health insurance coverage for all is vital to building an effective response to AIDS and other health crises.**

- **75% of all persons infected with HIV ultimately end up in poverty.**

- **By the end of the decade, AIDS and HIV will have cost the U.S. economy between 2.5 and 4.5 trillion dollars.**

Sources for these statistics include

The Centers for Disease Control and Prevention's *HIV/AIDS Surveillance Report*, October, 1993 and 1992 Year End Edition; the New York *Post*; GMHC Facts; and the Philadelphia Department of Health's *AIDS Quarterly Report*, February 18, 1994. ff7/94

Health - Children

Exercise and Children
Immunization
Infant Mortality
Low Birthweight
Sudden Infant Death Syndrome
Relative Frequency of Health Problems in Low Income Children Compared with Other Children

Exercise and Children

Children develop habits that stay with them for a lifetime. When children are active, their muscles develop. Active play helps children to develop coordination. Children who are coordinated feel self-confident and engage in active play with other children as they grow older.

Parents can play a large role in helping their children develop active patterns by being aware of the kinds of activities children like at different ages and helping them to participate in these activities.

Infants can be encouraged to be active through stimulation. Colors, sounds, and contact with others stimulate infants. They kick, stretch, and roll in response to these stimuli. However, it is important that stimulation of infants be gentle. It might be uncomfortable for them to look at objects that are too bright. Sounds that are too loud are frightening to infants. Movements which are too sudden might startle or even injure an infant.

Toddlers are naturally active. They need space that is clear of objects on which they could get hurt. Parents should encourage toddlers' explorations and express pride when children show off a new skill. At the same time, parents need to set limits on toddlers so that the children do not get hurt.

Young children may have difficulty playing together. That is something that they learn. Parents can help children learn to play active games with other children by being the child's playmate, throwing a ball, chasing them and being chased by them.

As children grow older, they can begin to participate in group sports. These require enough maturity to play by the rules. (Most children are not ready for this until about age six.) Sometimes children do not like to play group sports because they have not learned the necessary social skills. Parents can help children learn to takes turns and to be good winners or losers by modeling those behaviors.

Not all children like group sports. Parents can help children explore activities for individuals or pairs such swimming, tennis, or skating.

Parents can be role models for their children by continuing to be active themselves. (Exercise does not have to be strenuous. Even light exercise increases a person's health and sense of well being.) Children want to grow up to be like the adults they see. If they see adults walking, bicycling, or gardening, they will expect to do these activities when they grow up.

The important thing is to encourage children to be active, to help them find activities that they enjoy. The habits that individuals develop as children will continue into their adult lives.

Facts You Should Know About

Immunization

- Immunizations are among the most vital and cost-effective medical interventions available to children.

- The National Preschool Immunization Initiative's goal is to have at least 90% of all children fully vaccinated by 2 years of age.

- The immunization level among young children is about 60%, leaving thousands of children not vaccinated. In some inner cities and rural areas, the rate is about 50%. Only 37% of Philadelphia pre-schoolers (0-2 years) are fully immunized.

- Children in the United States routinely receive vaccinations against 8 childhood diseases (diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b, measles, mumps and rubella) plus hepatitis B.

- All 50 states and the District of Columbia have immunization laws or requirements for school children and for children attending day care centers.

- Before the measles vaccine received approval in 1963, an average of over 500,000 cases were reported each year. Measles also killed 400-500 people annually.

- The U.S. has had a resurgence in measles beginning in 1989. Between 1989 and 1991, some 55,000 cases of measles and more than 150 deaths were reported (in Philadelphia, 9 deaths resulted from over 1,500 cases). Nearly half of the cases occurred in preschool children, most of whom had not been vaccinated.

- African-American and Latino children living in urban areas face a 4 to 9 times greater risk of measles than white children of the same age.

Philadelphia Department of Public Health, Office of Maternal and Child Health
500 South Broad Street, Philadelphia, PA 19146 (215) 875-5925

Facts You Should Know About

Infant Mortality

- The United States ranks 22nd on a list of developed nations in rates of infant mortality (deaths). Of the 4.1 million babies born in the U.S. in 1991, 36,500 died before their first birthday, for a rate of 8.9 per 1000 live births.

- Philadelphia has the nation's fourth highest rate of infant deaths. Of the 29,508 babies born in Philadelphia in 1990, 473 died before their first birthday, for a rate of 16.0 per 1000 live births. Among major cities, only Washington D.C., Detroit and Baltimore have higher rates.

- A high percentage of infant deaths occur among African-American, Latino and Native American communities. The North, West and Southwest regions of Philadelphia report especially high rates of infant deaths.

- Low birthweight (less than 5 1/2 pounds) is the leading cause of infant deaths. Each year, about 250,000 low birthweight babies are born in the U.S. Nine low birthweight babies are born in Philadelphia every day.

- Lack of prenatal care, poverty, poor nutrition, teenage pregnancies, and the absence of family or community support all contribute to low birthweight and our nation's high number of infant deaths.

- Risk factors during pregnancy are often related to the personal health practices of the mother. Cigarettes, alcohol and substance abuse contribute to 20% of all infant deaths.

- Of the 29,508 women who gave birth in Philadelphia in 1990, 3,930—or 14.2%—received no prenatal care or received late care.

- As many as 25% of infant deaths could be prevented if mothers received adequate prenatal care.

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500 South Broad Street, Philadelphia, PA 19146 (215) 875-5925

Facts You Should Know About

Low Birthweight

- **Low birthweight** (less than 5 1/2 pounds) is the leading cause of infant mortality (deaths). It is also the most preventable. Low birthweight affects 1 in 15 babies and accounts for 60% of all infant deaths in the United States.

- **Each year,** about 250,000 low birthweight babies are born in the U.S. Nine low birthweight babies are born in Philadelphia every day.

- **A high percentage** of low birthweight babies are born to African-American, Latino and Native American communities. The North, West and Southwest regions of Philadelphia report high rates of low birthweight babies.

- **Low birthweight** babies are almost 40 times as likely to die in their first month as normal birthweight babies.

- **Advances** in high technology have reduced the number of infant deaths from low birthweight, though survivors are 2 to 3 times more likely to suffer from short and long term disabilities such as respiratory problems, hearing deficiencies, learning diabilities and other psychosocial problems.

- **Low birthweight** is largely preventable. Women who begin early and continuous prenatal care can reduce their risk of having a low birthweight baby. As many as 25% of all pregnant women receive either late or no prenatal care.

- **Low birthweight** babies account for $2 billion in U.S. hospital costs each year, more than $21,000 per child weighing less than 5 1/2 pounds. In contrast, hospital related costs for normal delivery average $2,842 per child.

- **For every $1** spent on prenatal care, the health system saves over $3 in medical costs.

9/92

Philadelphia Department of Public Health, Office of Maternal and Infant Health,
500 South Broad Street, Philadelphia, PA 19146 (215) 875-5927

Facts You Should Know About

Sudden Infant Death Syndrome

- **Sudden** Infant Death Syndrome (SIDS) is the sudden and unexplained death of an apparently healthy baby. It is the major cause of death in infants between the ages of 1 month and 1 year.

- In the United States, SIDS, sometimes referred to as "crib death," claims the lives of between 6,000 and 7,000 infants each year. It has been estimated that up to 2 deaths per 1,000 live births are the result of SIDS every year. Most of these babies (91%) die between the ages of 1 month and 6 months.

- **Currently,** SIDS cannot be predicted or prevented, even by a physician. Although there are probably some types of biochemical, anatomical or developmental defects or deficiencies that cause the death, one single cause for SIDS has not been discovered. SIDS is not contagious or hereditary.

- SIDS occurs in families at all social and economic levels. However, statistics suggest that there is a higher incidence of SIDS among premature and low birthweight infants as well as among twins and triplets.

- SIDS is also more frequent among babies born to teenagers, mothers who smoke heavily or abuse drugs, and those who have not received adequate prenatal care. Other groups at increased risk are babies of American Indians, African Americans and low-income families.

- SIDS does not cause pain or suffering to the infant. Death occurs within seconds, usually during sleep.

- SIDS is not caused by external suffocation, vomiting or choking.

- SIDS is not caused by child abuse or an immunization.

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Relative Frequency of Health Problems in Low-Income Children Compared with Other Children

Health Problem	Relative Frequency in Low-Income Children
Low Birthweight	*double*
Delayed immunization	*triple*
Asthma	*higher*
Bacterial Meningitis	*double*
Rheumatic fever	*double-triple*
Lead poisoning	*triple*
Neonatal mortality	*1.5 times*
Postneonatal mortality	*double-triple*
Child deaths due to accidents	*double-triple*
Child deaths due to disease	*triple-quadruple*
Complications of appendiscitis	*double-triple*
Diabetic ketoacidosis	*double*
Complications of bacterial meningitis	*double-triple*
Percent of conditions limiting school activity	*double-triple*
Lost school days	*40% more*
Severely impaired vision	*double-triple*
Severe iron-deficiency anemia	*double*

Source: Starfield, B. *Effectiveness of Medical Care: Validating Clinical Wisdom.* Baltimore: John Hopkins University Press, 1985

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Informal Learning

Education and Games
Developing a Sense of History
Some Ideas about Play
Questions and Answers about play
The Importance of Play
Learning Activities for Parents and Children Together
No Cook Playdough
Everyday Learning
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Watching TV
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Why Read to Children?
Reading to Children Gives Them a Fine Start
Reading Tips for Parents with Limited Reading Skills
Suggestions for Reading to Children
Read Aloud Now
Tips for Reading Aloud
Writing with Your Children

Children learn a great deal through playing games. Some social skills which children learn from games include:

- how to play fair
- how to get along with others
- how to win and lose gracefully
- how to take turns

Games also teach intellectual skills such as:

- strategy
- counting
- matching
- patterns
- sequence
- cause and effect

There are many games which can be played without any equipment. These work especially well when traveling or in other situations where finding ways to pass time is a challenge.

- Guessing games

  There are numerous versions of guessing games. One of the most common is "I Spy." The first player says, "I spy something that is ...," naming a characteristic of the object spied. For example, "I spy something that is red." The other players take turns trying to guess the object. A variation of this game can build on skills that a child is learning in school. For example, "I spy something that is red

and begins with the letter 'c.'" A version for older children involves describing a well know person, place, or thing.

- Classification games

These involve finding the object that doesn't belong. For example, in the list bus, bicycle, horse, and spider, the word "spider" doesn't belong. All the others are ways of traveling. Another way to play this is for the first player to name three objects which belong to a category that only he or she knows. The next player tries to add to the list. The first player tells whether or not the object suggested fits the list. The game continues until all players can add to the list.

"Categories" helps with categorizing and memory. The first player names the category and then names something that belongs to the category. For example, the player might say, "Categories, names of cars, Dodge." Each player names a new object in the category. When a player cannot name something that no other player has named, he or she is "out. ' The game continues until only one player is left.

- Memory games

These games may involve creating a story with each player adding a new piece which must be remembered. An example is "I'm going to New York." The first player says, "I'm going to New York and I'm taking ...," naming an object. Each following player must first recite all the objects which have been named by previous players and

then adds a new object to the list. One variation of this game requires the object to begin with the same letter as the name of the traveler. In others, the name of the object must rhyme with the name of the traveler or the objects must be named in alphabetical order.

- Following directions
  "Simon says" is a good game for following directions. The traditional version requires the players to do whatever the leader tells them as long as the directions are preceded by "Simon says." Players are not to follow directions which do not begin with the words "Simon says." A variation of this game can involve giving directions with two, three, or more steps. For example, "Simon says put your right hand on your head, put your left hand on your ear, and hop."

- Pattern games
  "Monkey" involves one player making up a pattern and another player trying to imitate it. Patterns which involve movements are good with young children. For example, the pattern could be: touch your nose, touch your ear, touch your nose. If the second player can imitate the pattern, he or she gets to make up the next pattern. With older children, the pattern can involve numbers. The first player begins by giving three numbers in a pattern. The second player tries to name the next number in the pattern. For example, player one might say, "3, 6, 9." Player two would then say "12" to continue the pattern.

Developing a Sense of History

Children can get a sense of history in many ways. Some children love history as a subject in school. For many children, the stories in history books do not connect with their experiences. This leads them to believe that history is about others.

Parents can help children develop a sense of their own history. This is important so that children have a sense of the past. A sense of the past leads to a sense of the future. Without as sense of the future, life can seem pointless.

Parents can pass on their own history by sharing what has happened in their lifetimes. They can talk about how things were when they were young. It is important that this not be presented in the context of how hard it was when I was young compared to how easy it is today or how wonderful the world was when I was a child and how awful it is today. It is also important to realize that children might be amused by aspects of their parents' lives. It might be impossible for them to imagine a world without TV or an ice cream man.

Parents can encourage other family members, especially older family members to talk about the past. Personal stories can be videotaped for future viewings and for future generations.

Personal accounts might include personal interpretations of events which received major coverage, for example, the impact of the Vietnam War on our family or the effect of desegregation on educational opportunities in our community. They might also include events which never gained coverage in

the larger media, for example, the effect of a local leaders' death or a factory closing on our community.

Children can be encouraged to be "historians," interviewing family members and neighbors, using paper and pencil or tape recorders to record information. They can then transcribe the information in stories, art, or drama.

Some Ideas about Play

Children learn through play.

Play should be fun. Then children will see that learning can be fun.

Children should be allowed to choose their own play activities much of the time.

Parents can encourage a child to try new activities but they need to watch for signs from the child, such as frustration or excitement, which show if he or she is ready for the activity.

Different games appeal to children of different ages. Children are different too. Not all children like the same games.

Parents should play with children at times. It is also important to allow children time to play alone and time to play with other children.

Young children like to make up their own rules for games. Sometimes they are not ready for the "real" rules. Children are not ready to lose at games until about age 6. Parents should acknowledge that the rules are being changed and then allow it.

Parents should not change rules. They should model "playing by the rules," whether these are the official rules or ones the child made up.

Young children, 2 to 3 year olds, have short attention spans and should be allowed to stop playing an activity when they are ready to quit. They may be expected to put things away before moving on to another activity.

As children get older, they can be encouraged to complete an activity. It is important for parents to think about the length of an activity before starting it. Parents also need to think of the consequences of making a child finish an activity. This might make the child dislike the activity.

Children need to do different kinds of activities. Often they are not aware of their own needs, such as when they are tired or hungry. Parents can help by encouraging children to change activities, working on a quiet activity after a time of active play or going outside to play after time spent watching TV.

Questions and Answers about Play[1]

Question: Isn't it important for children to learn to complete an activity? Doesn't that prepare them for school?

Answer: Yes. Especially as children get older, it is important to help them learn to complete activities.

Parents can help children to select activities which they can finish:

- select activities which are appropriate to children's ages
- select activities which children will enjoy
- select activities which meet children's needs, for example, encourage them to choose reading when they are tired or to choose an active game when they have energy
- make sure that there is enough time to finish the activity
- make sure that there are enough materials to finish the activity

Question: Is it necessary that every activity be completed?

Answer: No. Everyone changes his or her mind sometimes. Children do, too. Allowing children to change their minds respects them as individuals with a right to make choices. Being able to make choices about one's own life leads to increased self-esteem.

Also, sometimes children are simply trying something out to see if they like it. Think of what it's

like to try new foods. Often a person starts with just a taste. Based on that taste, the person might decide he or she does not like the food or might decide to have more. When children try new activities, it is natural for them to find that they like some activities and don't like others. After a "taste," they may decide that they do not want any more.

It is also important for parents to think of the consequences of making children finish an activity. If children are required to finish an activity, they might learn to dislike that activity. A child who has to finish reading a book because he or she started it might not choose to read a book again.

Question: How do parents know when to encourage children to finish activities and when to let them quit?

Answer: The answer to this question is not a simple one. Parents need to think about a number of things:

- Does the child usually finish activities?
- Is there a good reason for the child to change activities?
- Is the activity harder than it seemed?
- Did the activity take longer than the child realized?
- Is this the right time to teach completing activities?

Question: How do parents know when to encourage children to finish activities?

Answer: If a child usually does not finish activities, then the parent should work with the child to help him or her learn this skill.

Question: What can a parent do to help a child learn to finish activities?

Answer: There are several things that parents can do:

- Provide the child with information ahead of time. When a child asks to do an activity, you might say, "That game takes a long time to play. Are you sure you want to sit that long?"

- Suggest alternatives to quitting. You might say, "Let's finish this round so that everyone gets a turn. Then, if you still want to quit, we will."

- Provide some ending to the activity. You might say, "We can quit this activity but you must put away your blocks before you can take out any other toys or go outside and play."

- Pay particular attention to the activities that you make the child finish. Are they always "learning" activities? Choose a play activity for a change. If a child decides to quit playing in the middle of a game with other children, you could say, "No, you can't stop playing tag until the game is finished. It ruins the game for the others."

- Discuss the decision to continue or quit with the child. You might say, "Do you want to quit playing because you are losing? Part of growing up is learning how to win and how to lose."

1. Questions and some of the answers were provided by CFL's Healthy Start class which meets at the Kingsessing Library.

The Importance of Play

What is play? What kinds of things are your children learning when they play? Read the kindergarten story below. Then, make a list of the things you think each child was learning.

Emily, a four and a half year old, is sitting at a table with Laura, also four and a half, and Zoe, a five year old. Emily is cutting circles. She puts the circles in one pile. She then cuts two rectangles and puts them in another pile. "These are watches and these are grandfather clocks," she says and turns to the assistant teacher, Ellen. She asks, "How do you make the lines on your watch?" Ellen brings Emily a Judy Clock. "Does this help?" Emily takes it enthusiastically. "Oh yea, yea!" Emily makes many lines and then places numbers on the clock. There are more lines than numbers, but she does not mind. After making her clocks and watches, she begins to circle the room announcing, "Clocks for sale!" She approaches the teacher, "Do you want to buy a watch?" she asks. "How much are they?" the teacher replies. "They are free!" Emily answers and hands the teacher a grandfather clock and goes back to selling her watches.

Meanwhile, Laura is also cutting circles and coloring them with crayons. She circles the room calling, "Perfume for sale!" One child stops her and smells a red circle, "Mmmmm, cherry perfume!" the child exclaims. "Yes, and if you wear it butterflies will smell it and tickle your ears," Laura replies. Zoe finishes her drawing and comes running to the teacher, asking impatiently, "How do you spell 'Fashion Model Dress for Sale, sixteen hundred dollars'?" The teacher pronounces each work separately as she spells it and then stops. "Do you want to write the numbers?" she asks. Zoe takes the crayon and repeats each number as the teacher says it. She then parades around the room saying, "Beautiful fashion model dress for sale, sixteen hundred dollars!"

What do you think each child is learning?

Emily:

Zoe:

Laura

Learning Activities for Parents and Children Together

- Talk with children.
- Listen to children.
- Read to children.
- Play games with children.
- Show interest in children's activities.
- Go to the library together.
- Take walks with children.
- Explore the neighborhood together.
- Go to the museum together.
- Prepare meals together.
- Eat together.
- Respect your children's space.
- Write notes to each other.
- Keep a scrapbook or start a collection together.
- Help your child get organized for activities.
- Help your child plan how to use time well.
- Help your child understand relationships with others.
- Give your children responsibilities that are only theirs.
- Subscribe to a magazine in your child's name.
- When taking trips, have activities to help children pass the time.
- Measure things together.
- Count things together.

Parent's Handout

No Cook Playdough

This recipe uses items found in most kitchens. Playdough is great to help children develop their small motor skills. As they push, pull, and form the dough, they are using their senses of smell, touch, and sight. They are also using their imaginations. Playdough is useful to calm down a restless child. It focuses children and engages their minds and bodies.

Making playdough with a child is a great science and math activity. Let the child do the measuring using the recipe below. Talk about what is happening as the child mixes the ingredients together. What happens when the water is added? What happens when the food coloring is added? Can mixing blue and red make another color playdough?

After the dough is finished, sprinkle a little flour on the playing surface. This will help prevent the dough from sticking to it. If the dough begins to dry out while it is in use, add a drop of oil to return the elasticity.

RECIPE FOR PLAYDOUGH

4 cups of flour
1 cup of salt
1 cup of water
a few drops of food coloring
1 tablespoon of cooking oil

Mix all the dry ingredients in a large bowl. Add water and food coloring slowly. Add oil. Mix. Knead in some extra flour if still sticky

If the dough begins to dry out during play, add a drop of oil.

Parents, Children and Learning. Center for Literacy, Inc.. Philadelphia, PA

Everyday Learning *

Everyday Situation	Learning Question
Example:	
Putting away groceries	*Which containers are round? Which are square?*

Self-Esteem for Parenting
Center for Literacy, Inc.

Rules List

The Money Game

This game can be played by 2 - 4 players. The banker may be one of the players or may be an extra person who does not play.

A. The object of the game is to develop skills making change and to be the first person to get one of each coin (penny, nickel, dime or quarter).

B. Each player is given a Coin Worksheet. The names and values of the different coins are reviewed. The pictures on the fronts and backs of the coins is also reviewed. This review especially helps younger players.

C. One person needs to be chosen as the banker. The banker is the only person who can give out or exchange money.

D. Coins may only be purchased on a person's turn.

E. *Coins may only be purchased if the coins of lower value have already been acquired.*

Example: A dime is not to be purchased before a nickel is placed on the game board. Likewise, a nickel cannot be purchased before a penny is placed on the game board.

F. Each person plucks a card from the deck. If two people draw the same number, then they redraw. Whoever gets the highest number starts the game and play continues in a clockwise direction.

G. The number on the plucked card is the amount of pennies received from the banker. If a person plucks a zero, then no pennies are received.

H. When the first penny is received, it is placed on the strip. Then a nickel may be purchased after five more pennies are acquired. This process continues for all other coin purchases.

I. If a player builds up a stockpile of pennies, he or she should be encouraged to cash them in for nickels and dimes.

J. The first person to have all coins represented on his or her strip wins. Play can continue for 2nd, and 3rd place, depending on the number of players.

COIN WORKSHEET

Directions: Copy enough game strips for the players of the game. Pass strips out and review the names of the coins. A choice of strips is given so children learn to identify coins according to the face of the coin, the back of the coin, and by the value of the coin. Alternate the strips when children are comfortable with the coins.

25¢

10¢

5¢

1¢

Watching TV

Parents often worry about the time their children spend watching TV or about the programs they watch. However, like it or not, TV is a big part of most of our lives. Here are some ideas for helping children to make the most of watching TV.

Encourage children to make decisions about programs to watch. This is better than just watching what comes on next.

- Discuss with them the programs they like and why they like them. Together, look at the TV schedule in the newspaper and find these programs.

- Take this opportunity to learn about telling time and using a calendar. Use a real clock, a toy clock, or draw a clock. Decide where the hands of the clock will be when it is time for the program. Identify the day of the week for the program. Mark the day and time on a calendar. You can make a special activity calendar with your child. He or she can begin to keep TV times and other activities on the calendar.

Watch TV together. You will learn a lot about children from seeing what they find funny, sad, or frightening.

- Talk about feelings with your child. Make sure to give children time to share their thoughts. Be open and honest with your thoughts but keep these brief. Don't give in to the temptation to lecture.

- Talk about the characters. This is a good way to begin a discussion of values. Talk about the heroes and villains.

What decisions do they make? Why do they make these decisions? What problems do they face? How do they approach problems? What happens as a result?

- Help your children to identify stereotypes. How are men and women represented? Are there people of different cultures, racial, and ethnic backgrounds? How are they shown?

Introduce your child to new programs.

- Talk about the different kinds of programs that are on TV. Watch for specials. Tell your child about the program in advance. Share what you think will be interesting. If the child does not like the program, that's OK. Just trying something new is good.

Look for interests which can then be followed up through reading, writing, or trips.

- If a program is based on a book, even a comic book, go to the library together and find the book. Look through the book together, check it out if the child is interested. Talk about how the book version and the TV version are similar and different. Discuss ways in which the book or TV version is better. Look to see if there are different versions of the story and talk about how the story has changed over time.

- If a child shows particular interest in a topic, research the topic further at the library. Find books on the topic. Select some books to take home. Set some times for reading the books together. If the child is keeping an activity calendar as suggested above, add the reading times to the calendar.

- Think about trips which would expand on ideas from TV shows. For example, animal shows could be followed up by

a trip to the zoo or to a farm, and a visit to the fire or police station might be a good follow up to some other shows.

Provide alternatives to TV watching. This will take some thinking on your part but it will work a lot better than just saying no to TV.

- Think of fun activities which you and your children can do together.

- Provide a model by engaging in other activities yourself. These activities can be varied, reading, active sports, or visiting with friends or family. At first, you may find this a challenge yourself but eventually you will find that you enjoy these different activities.

- Arrange time for children to spend with playmates.

- Try to have a room that does not center around the TV. If all the furniture faces the TV, that is a very strong message about what is important.

Be clear about why you or your children are watching TV.

- TV is a great way to relax at the end of a day. Watching a program you enjoy is a good use of time.

- TV is also a good way to "kill" time or to avoid work. Sometimes it's easier than thinking of something better to do. Make a habit of asking yourself if you really like what you are watching and if there is something else that you need to do.

Kids' Talk *With Linda K. Harris*

Q How does soap clean your hands? — *Martha Rogalski, Thomas Holme School, Philadelphia*

A Soap creates a little capsule around the particles of oil and dirt on your hands. When it is mixed with water and rinsed away, the soap carries the dirt away. Soap molecules have an oily end and a watery portion. The watery part is attracted to water and the oily end is attracted to the oil on your hand. These stretch out the soap, making a thin film. If you have too much soap in the water, you will get a lot of tiny bubbles, or lather.

Soap *creates little capsules around particles of oil and dirt.*

Q How many nerves are in your body? — *Jacob Wood, Fegely Middle School, Portage, Ind.*

A Nerves are made up of bundles of neurons that have branches shooting out. The branches are called axons and can be anywhere from less than an inch to more than a foot, even several feet! There are billions of neurons, which are the cells that make up the nerves. These bundles of nerve fibers include 12 pairs of cranial nerves (linked to the brain) and 31 pairs of spinal nerves, joining the spinal cord. The arm has the median nerve, and the main nerve in the leg is the sciatic nerve. These are the main nerves, but they also have many branches.

Q How do earthquakes start? — *Clarissa Driban, Fort Washington Elementary School, Fort Washington*

Fingernails *are made of keratin, so is your hair.*

A Geologists say that most earthquakes begin near faults, zones of weakness in the earth's crust. Most earthquakes take place in relatively shallow areas of the crust. As the brittle rock in the crust begins to fall apart, the earth shifts. Also, along a fault, there is a force called "frictional resistance," which keeps the opposite sides of a fault locked together. But when the pressure builds up from beneath, it can overpower the forces holding the fault together. The first sign of an earthquake often is the sound of a sharp thud.

Q How do your fingernails grow? — *Jordan Yanoshik, Maple Glen*

A Keratin is a tough protein — the same stuff your hair is made of. It takes about six months for a fingernail to grow. It starts in the nail bed and as the protein forms and pushes the nail out, it hardens. At the base of the nail, the half-moon, or lunula forms. It's crossed by the cuticle. Once the nail gets beyond the cuticle, it continues to grow. The way your nails grow can indicate whether you are healthy or not. For example, ridged nails that sink in the middle can be a sign of anemia. Also if your nails are greenish, it might be a sign of a bacterial infection.

Do you have a question for the "Kids' Talk" column about your favorite sports figure, TV star or cartoon character? Is there something you'd like to know about a current event, a famous person, an exotic animal or another part of the world? Send in your question. We'll try to answer it. Write Kids' Talk, The Inquirer, Box 8380, Philadelphia 19101.

Why Read to Children?

Sharing a story together can be fun for both parent and child.

Reading books can bring you closer together. It can help you get to know each other better.

Reading to very young children helps them learn to talk.

Stories make children think and use their imaginations.

Children learn new things from books (words, ideas, and information).

Stories can help children learn about their feelings and other people's feelings.

Stories can help children think of ways to deal with their problems.

Reading a story can help a child calm down.

Reading to children helps them learn to enjoy books and want to learn to read on their own.

Reading to children helps them get used to the way stories sound. That makes it easier to learn to read.

Taking time to read a story together gives your child the idea that reading is important to you.

Excerpted from *Read to Me* by Becky Eno, Center for Literacy, Inc., Philadelphia, PA, 1987.

Reading to children gives them a fine start

The habits that stay with you the longest are the ones you picked up early in life.

That can be a bad thing — like my love of ice cream, which seems to have started in infancy. Or it can be a good thing — like love of books and reading

Lucia Herndon
The Family

I was asked to be a guest reader this week at "Love Is Reading Together," an annual event sponsored by the Read Together Coalition. It was a great excuse to go cruising through the children's section of a bookstore to find something appropriate to read to 75 third graders.

My appearance (a stirring rendition of *The Real Story of the Three Little Pigs*) was part of a week's worth of events, organized by the Friends of the Free Library. For me, it was a morning's diversion. But for the coalition, it is much more. It is part of a continuing effort to strengthen family literacy by training volunteers to read at day-care centers, clinics and churches and encouraging parents to read to their children.

If you are an adult who spent a lot of time with books or at the library, reading may be so commonplace that you don't spend a lot of time thinking about it. Maybe you have warm, fuzzy memories of having a bedtime favorite read to you as a child. Maybe you still have a well-worn copy of *The Velveteen Rabbit*.

If you do, consider yourself lucky. And think for a moment of the millions of children in this country who have not had these experiences.

"Reading aloud is the single most important activity a parent can do to prepare a child for school," said Marcia Moon, co-founder of the Children's Literary Initiative in Philadelphia. "The single most important activity."

While many parents look at bedtime reading as another chore that must be accomplished, Moon sees it as planting the seeds of language development. "Children need to be read to and communicated with," she said. "This should be done all through their lives, but especially at the preschool age."

One out of every three children in this country is labeled "at risk" by the time he or she enters kin-

See **LUCIA HERNDON** on G3

Reading to children gives them a good start

LUCIA HERNDON from G1

dergarten. A lot of factors (nutrition, clothing, safety) go into that. Lack of vocabulary can be just as crucial.

The average child has been read to 1,350 hours by the time he or she enters school, Moon said. "How do you think that child will do compared to the child who has been read to 25 hours over that five years?"

Before you start tallying the number of hours you've spent (1,350 hours is less than an hour a day) and worrying if you're falling behind, stop and think of other methods of communication.

Having real discussions with children is another way of developing language skills. "A lot of parents spend time ordering their children around: 'Put on your socks, pick up your shoes, close the door.' But that's not real discussion," Moon said.

Consider doing an art project with your child, taking a walk, cooking together. All of these things can generate real discussion that uses real vocabulary. This is especially good for parents who aren't that comfortable with books and words.

Become familiar with your local library; go to the library with your child. That's an investment in time, not money, but it's a wise investment.

Library books can be a valuable tool in instilling a love of reading in your child. Book ownership is also important. "Parents often are quick to buy their child a toy that costs $29.95," said Moon. "The same amount of money can be spent on books and you'll have made a lasting contribution to your child." It also sends the message to the child that books are important; that they are worth the investment.

"Reading to children should not be looked upon as another chore. It's memory-making," said Moon. "You'll always have dishes to do and dust to chase and laundry to wash. But you won't always have a 4-year-old."

Indeed, you'll be nourishing a toddler who will be comfortable with words, and inquisitive enough to ask questions. You'll have a child who is less at risk of picking up bad habits.

For More Information

■ For more information about the Read Together Coalition, call 215-567-4562. For information on the Children's Literacy Initiative, call 215-574-2920.

Philadelphia Inquirer, February 9, 1994

Reading Tips for Parents with Limited Reading Skills

- Find picture books with no words. (Ask the children's librarian at your local library to help you find them.) Just talking about the pictures will help your child learn to enjoy books.

- Look for books with few words. Practice reading the books out loud with a friend, over and over, until you feel OK about reading them to your child.

- Go to story telling sessions at the library.

- Choose a story that you know and tell it in your own words using the pictures from the book.

- Use a book which your child knows and let him or her tell you the story.

- Learn and share family stories.

- Make up a story of your own, or make it up with your child, using the pictures.

- Find tapes or records of children's books at the library or where children's books are sold. Listen to them as you and your child page through the books together. You could also use the tapes to practice the story yourself and then you could read it to your child.

- Ask someone you trust to tape record a few children's books for use with your child.

Adapted from *Read to Me* by Becky Eno, Center for Literacy, Inc., Philadelphia, PA, 1987 with contributions from CFL's Healthy Start class which meets at the Kingsessing Library.

Suggestions for Reading to Children

- Go to the library together, look through children's books, and take some home
- Take your child to story hours at the library
- Help your child learn to love and take care of books
- Set a good example: make sure your child sees you reading
- Make sure your son sees men reading so he knows it's OK for boys to like reading
- Sing songs with your child and play word games such as rhymes and riddles
- Give books as gifts
- Help your child make books of his or her won
- Help your child make a bookcase, box or other special place to keep books
- Suggest reading a story together as a family
- Read enough of the story at each sitting to keep it interesting
- Let the child select the book to be read even if it seems babyish
- Keep trying even if your child doesn't love reading right away
- Feel free to change or add to the story and encourage the child to do the same

Adapted from *Read to Me* by Becky Eno, Center for Literacy, Inc., Philadelphia, PA, 1987.

Read Aloud Now!

Why read aloud?

- *It's fun and enjoyable for everyone... it helps create a special bond.*
- *Children learn to read as they listen and look at books.*

How to read aloud?

- *Share books you like.*
- *Let your voice get soft and loud. Change the pace of your reading... slow or fast.*
- *Turn off the television, radio or stereo.*
- *Let your child have fun with the book. Encourage the child to point out pictures, ask questions or repeat words.*

WHERE TO START?

- *Start at the library. Your library has it all!* ***Books...Recordings...Videos.***
- *No matter what your interest, ask at the library.*

TIPS FOR READING ALOUD

1 *Read to your baby: rhymes like "Mary Had a Little Lamb," a birthday card, the cereal box or a newspaper story you are reading. It's the sounds that are important.*

2 *Introduce simple pictures and story-books as the baby grows. Shapes, colors and sounds will delight.*

3 *Visit the library often. Let the children get their own library cards and select their own books.*

4 *Make a special time for reading aloud: after dinner, before bed...anytime, anywhere, anyplace.*

5 *Try lots of books. There's a book for everyone!*

6 *Read more about people, places and things you see on television.*

7 *Have older children read aloud while you do household chores.*

8 *Keep plenty of reading materials around the house. Put children's books on low shelves.*

9 *Let children see you read. Talk about what you read.*

10 *Give books as gifts. Let children know you think books are special.*

Writing With Your Children

THINGS TO WRITE WITH YOUR CHILDREN

- Thank you notes, postcards, get well cards, birthday cards, pen pal letters, notes to a cousin or friend, stories about children's drawings or magazine pictures, family stories, stories about a walk or a trip, writing for school, lists of colors or new words, a diary or journal of the day's activities, a discussion of feelings or dreams.

HOW TO WRITE WITH YOUR CHILDREN

Watch for opportunities for writing a note, story, or list with your children. Then try one of these approaches:

The Language Experience Approach (LEA)

1. Ask your children to dictate the note, story, or list.

2. Write down every word she says, without changing it at all. Print clearly so she knows what the letters are. Check the dictionary or ask someone if you are not sure of the spelling of a word.

3. If she can, ask your children to copy in their own handwriting what you have written down.

Free Writing

Encourage your children to write freely on their own. They can try to spell words the best they can using invented spelling, or leaving a blank for unknown words, or ask you for help with spelling. Later you can check the dictionary together if you're not sure of the spelling. Ask your children to read their writing to you. Praise them for their hard work and mention something that you like about the piece.

Copying

Have your children copy things that you have written, words or sentences from a book you have read together, or lists of words they are learning.

Parenting

Being a Parent
Breastfeeding
Stress and Parenting
Shaking
Child Abuse
About Child Abuse
Reducing the Risk
Very Important Phone Numbers

Being a Parent

Being a parent can be hard work.

- the hours are long
- there are always a million things to do

Being a parent can be fun.

- there's always something new and exciting
- each child is different

Being a parent takes time.

- we have to set aside time for children
- we also need to make time for ourselves

Being a parent is something we learn.

- we all have ideas from what our parents did or did not do
- we can get new ideas from others, for example, from other parents, books, friends, magazines, and talk shows

Being a parent can be lonely

- especially when a child is young, he or she depends completely on the parent for survival
- in the end, no matter what others say or do about parenting, the parent has to decide for himself or herself

Being a parent can be rewarding

- parents are their children's first teachers
- children give parents love in their own special ways

Being a parent takes creativity

- sometimes the first approach doesn't work
- often what works with one child does not work with another

Being a parent means accepting routines

- children need routines and depend on their parents to provide these in their lives
- there are only so many ways to do the laundry or prepare chicken, but it still needs to be done

Facts You Should Know About

Breastfeeding

- **Breastfeeding** is a free, clean and easy way to feed a newborn infant. It provides a strong basis for healthy growth and development, and it helps build a special closeness between a mother and her baby.

- **Breastfeeding** can reduce an infant's development of food allergies and certain infectious diseases, including gastroenteritis, immunologic disorders and upper respiratory infections, as well as malocclusion (crooked teeth).

- Some studies have shown that breastfed babies may have a lower risk for Sudden Infant Death Syndrome (SIDS).

- **Breastfeeding** benefits the nation's economy. By using breastmilk, a free natural resource, approximately 375 liters of breastmilk substitutes will not have to be purchased (by households or by governments) per infant every two years.

- **Breastfeeding** conserves the planet's resources. Breastmilk substitutes must be produced, packaged and transported; waste from production and packaging must be discarded.

- From 1971 to 1982, the percentage of women who began breastfeeding in the hospital increased steadily to a high of 62%. Since then there has been a gradual decline to 51.5% in 1990. In 1991, however, there was a slight increase for both black and white children.

- **Breastfeeding** rates are highest among women who are older, better educated, relatively affluent and/or live in the western United States.

- Women least likely to breastfeed are those who have low income, are African American, under 20 years of age and/or live in the Southeast United States.

Philadelphia Department of Public Health, Office of Maternal and Child Health
500 South Broad Street, Philadelphia, PA 19146 (215) 875-5925

Stress and Parenting

Parenthood is a difficult job. Parents do not receive a manual on HOW TO RAISE A CHILD, HASSLE-FREE when they bring a baby into this world.

Being a parent places constant demands on time and patience. Some of the time parenting is *fun*, sometimes it's just routine; other times it's demanding, but rewarding. And, there are times when the work of parenting can be overwhelming.

Stress can cause parents to have feelings of loneliness, resentment or anger. You may feel trapped or out of control. Sometimes it seems like there is no light at the end of the tunnel.

What is Stress?

Stress is basically pressure from the outside causing tension inside. Everyone has stress in their lives. Some stress is needed to motivate us, too much stress can cause illness. "Stress is like the tension on a violin string. You need enough tension so you can make music, but not so much that it snaps."

Stress Management

There are basically three ways to handle stress. The 3 A's of stress management are:

Accept - Avoid- Alter

You may **accept** short term problems and use exercise or deep breathing to help you cope. You can **avoid** stressful situations such as shopping when tired or driving at rush hour. You can **alter** your lifestyle in order to eliminate some stressors such as trying to do everything for family, church and community groups.

Learning how to manage and control stress makes us feel good because we are in control of our lives. We can all learn how to anticipate stressful times and plan for them.

Stress Reduction Tips

Here are some important steps to follow when you feel stressed.

Evaluate your situation. Find the causes of stress in your life. How can you make changes to relieve stress? Are your expectations for yourself and your children too high? Adjust your expectations. Don't ask too much of yourself OR your children.

Set goals for what you want to get done. Then *check off* each as you do it. This will give you a feeling of accomplishment.

Caring for your Children

1. **Do your best** to meet your child's needs (for baby: change, diaper, feed and hold him/her).
   When you've done all you can and the baby still cries, **avoid frustration,** put the child in a safe place and take time out. Leave the room and go relax for a few minutes.

2. **Learn what is appropriate** to expect from your child at his/her age. Don't expect grown up skills from a child.

3. **Allow your children to learn** by trying. Let them make mistakes and try again as long as they are not in danger. Don't get angry or punish them for not succeeding at something new.

4. **Set up a routine** at home. A routine will help you cope with daily deadlines. It will help you feel more in control. Routines also help children to feel more secure.

5. **Involve the children** in household chores. They will learn responsibility and it will take some of the pressure off you. Work together on family chores, explaining as you work. Try not to expect perfection.

Source: Child Abuse Prevention Committee of Greater Philadelphia, 117 S. 17th Street, Suite 707, Philadelphia, PA 19103, (215) 864-1080

Prevent Injury
Be Safe, Not Sorry...
Don't Shake!

Instead, Stop...

1. Take a deep breath. And another. Then remember *you* are the adult.
2. Close your eyes and imagine you're hearing what your child is about to hear.
3. Press your lips together and count to 10... better yet, to 20.
4. Put your child in a time-out chair (Remember: one time-out minute for each year of age.)
5. Put yourself in a time-out chair. Think about why you are angry: Is it your child, or is your child simply a convenient target for your anger?
6. Call a friend or neighbor.
7. Do something for yourself:
   a) play favorite music,
   b) exercise,
   c) take a shower.
8. Change your activity:
   a) shake a rug,
   b) do dishes or laundry,
   c) scrub a floor,
   d) beat a pillow.
9. Sit down, close your eyes, think of a pleasant place in your memory for four minutes.
10. Write down the ten best things about yourself. Write down the ten best things about your child.
11. Contact the Pennsylvania Chapter of NCPCA in your area for additional child care and parenting resources.

Remember Handle Children With Care...
They're Our Future !!!

Lancaster County Chapter, NCPCA
237 W. Lemon Street
Lancaster, PA 17603
(717) 399-3270

Greater Philadelphia Chapter, NCPCA
117 S. 17th Street, Suite 608
Philadelphia, PA 19103
(215) 864-1080

Western Pennsylvania Chapter, NCPCA
Western Pennsylvania Committee for
Prevention of Child Abuse

Safe & Sound
Clark Building, Suite 1405
717 Liberty Avenue
Pittsburgh, PA 15222
(412) 391-2000

Pennsylvania Chapters of the National Committee
for Prevention of Child Abuse.

Working To Eliminate Child Abuse and Neglect

Original Brochure: Southern Nevada Chapter, NCPCA
Thanks also to Indiana Chapter
Front logo: Los Angeles County Health Dept.

Warning !!!
Shaking A Child May Result In Severe Injury Or Death

Shaken Infant Syndrome

In the past few years a newly recognized injury to children has been identified and described. This injury is often referred to as "shaken infant syndrome." This serious injury, can have devastating results.

Most of the time, shaken infant syndrome occurs when adults, frustrated and angry with children, shake them strenuously. Most people are not aware of how seriously this can hurt a child.

Many well-intentioned, responsible people who could never dream of hitting their child, think nothing of giving a small child a "good shaking." While such punishment is generally considered harmless, the effects of mild or moderate shakings may be far more damaging than they realize.

Young infants have very weak neck muscles and only gradually develop the strength to control their heavy heads.

If they are shaken, their heads wobble rapidly back and forth, which may cause brain damage and bleeding in and on the surface of the brain. Severe damage of this type is most common in very young infants, but it can happen to even three and four-year-olds.

Some "Play" Activities Can Be Hazardous Too!

Some of the accepted practices that are common in the American culture and are considered playful, "fun" activities also can whiplash the head and can lead to permanent brain damage.

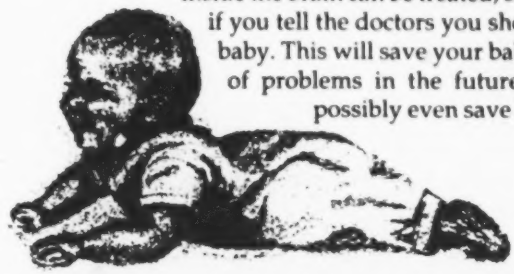
- repeated, vigorous tossing of a small child into the air
- jogging while carrying an infant on the back or shoulders
- "riding a horse" (child faces the adult while sitting on his swinging foot or bouncing on the knee)
- "cracking the whip" while swinging the child around the ankles
- spinning a child around

Common Injuries Reported From Shaking:

1. Brain damage
2. Spinal injury/paralysis
3. Blindness or other eye trauma
4. Seizures
5. Retardation—mild to severe
6. Delay in normal development—impaired motor and sensory skills
7. Broken bones
8. Dislocations

How To Prevent The Shaken Infant Syndrome

- The most important rule to remember is never shake an infant under the age of 2, for any reason.
- Always provide support for your baby's head when holding, playing with or transporting him or her. Instruct others who care for your infant in the proper support of the head.
- Make sure that all those who are in contact with your infant know the dangers of shaking. This includes baby sitters, child-care personnel, even siblings who may accidentally injure the baby during rough play if not properly warned.
- Learn what to do if your baby won't stop crying to avoid getting frustrated. All babies cry a lot during the first few months of their lives.
- Remember what to do if you shake your baby, either accidentally or on purpose: Even though you may feel embarrassed or guilty, it is imperative that you get the baby to the emergency room immediately. Bleeding inside the brain can be treated, but only if you tell the doctors you shook the baby. This will save your baby a lot of problems in the future... and possibly even save his life.



Facts You Should Know About

Child Abuse

- Child abuse and neglect can be inflicted by anyone caring for children. It happens in all types of families and settings, and to children of all ages. Although infants and young children are more likely to receive serious injuries, abuse of adolescents also occurs and is often unrecognized.

- In 1991, there were nearly 2.7 million reports of suspected abused or neglected children nationwide--or 42 of every 1,000 children. The number of 1991 reports rose 40% since 1985.

- Over 34,000 children--or 1 in 11--are under the supervision of Philadelphia's Department of Human Services (DHS) for abuse or neglect.

- In 1991, an estimated 1,383 fatalities resulted nationwide from child abuse and neglect.

- Estimates suggest that between 35% and 50% of reports of abuse and/or neglect are substantiated upon investigation.

- In 1991, 53% of the substantiated child maltreatment cases involved neglect, 21% involved physical abuse and 13% involved sexual abuse.

- In serious abuse cases involving children under age 1, crying by the child is the most frequent trigger of abuse.

- In serious abuse cases involving children over age 1, the most common trigger is a toilet-training accident.

- Economic stress and substance abuse are frequently cited as contributing factors to abuse and neglect.

Philadelphia Department of Public Health, Office of Maternal and Child Health
500 South Broad Street, Philadelphia, PA 19146 (215) 875-5925

About Child Abuse

The National Committee to Prevent Child Abuse defines abuse as any single act or repeated pattern of behavior that harms the physical, emotional, or psychological well-being or development of a child. The longer abuse takes place, the harder it is to end and the more it harms the child.

There are four main types of child abuse:

Physical abuse most often happens when parents are upset or frustrated with a child's behavior. Hitting, shaking, kicking, biting, burning, or throwing objects at the child are a few of the more common forms of physical abuse. Signs that a child is being physically abused include:

- unusual bruises
- welts
- burns
- broken bones
- missing hair
- internal injuries

Physical abuse can cause severe bodily harm. Each year, approximately 2,000 children die as the result of physical abuse.

Sexual abuse is the use of a child under 18 years old for the sexual gratification of an adult. Sexual abuse includes:

- exhibitionism
- fondling (either by or of the perpetrator)
- intercourse
- use of children for pornographic materials or prostitution

A sudden change in behavior, a fear of being hugged, sexual promiscuity, or sexual behavior or talk beyond a child's maturity level may be indications that sexual abuse is occurring. Physical symptoms of sexual abuse may include redness, swelling, bleeding, and unusual odors or discharges around the genitals or anus. Statistics show that 1 of 4 girls and 1 of 6 boys are sexually abused by the age of 18 years old.

Emotional abuse crushes a child's spirit and normal psychological development through:

- name calling
- threats
- public and private humiliation
- excessive and unrealistic demands
- deliberate withholding of love and affection by a parent

Emotionally abused children are often timid and withdrawn. They may also suffer from very low self-esteem, or tend to be extreme over-achievers. Child abuse prevention and treatment professionals estimate that emotional abuse accounts for 10 percent of all reported cases of abuse.

Neglect is the willful refusal of a parent to provide a child with adequate food, shelter, clothing, supervision, emotional nurturing, or health care. A neglected child may appear to be chronically:

- dirty
- hungry
- sick
- unruly
- withdrawn

Deliberate neglect is often hard to determine. Neglect may occur because a parent is unaware of how to properly nurture a child's normal physical and emotional development.

Source: Child Abuse Prevention Committee of Greater Philadelphia, 117 S. 17th Street, Suite 707, Philadelphia, PA 19103, (215) 864-1080

Reducing the Risk

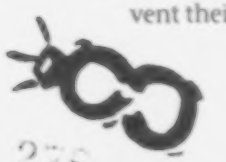
Child abuse professionals have identified several risk factors that often lead to the maltreatment of children. Knowing how to identify these factors can help you reach out to families in crisis — and possibly stop abuse before it ever happens.

- **A cycle of abuse.** In many families, child abuse is a terrible legacy passed on from one generation to the next. Chances are that an abusive parent was abused as a child. Research shows that parents who were abused as children are six times more likely to abuse their children than parents who never suffered abuse.

- **Financial troubles.** Money problems and a bleak financial future can increase tensions in a family. Many times, parents see children as yet another drain on the family's budget.

- **Social isolation.** Relatives and friends can play a big role in helping parents deal with the responsibility of raising children. However, many families lack a strong network of support. They have no one to turn to for child-rearing advice or relief from a stressful and potentially abusive situation.

- **Marital problems.** A marriage on the rocks is like a battleground — sometimes innocent bystanders are harmed. One parent or both may blame the children for the marital troubles. And too often, parents in a bad marriage will vent their anger and frustration on their children.



- **Alcohol and drug addiction.** Substance abuse can cause parents to lose any sense of responsibility for their children. In some cases, children are forced to sell drugs or prostitute themselves to help support the addictions of one or both parents.

- **Lack of parental experience.** In the United States, you need instruction and a license to drive a car. But relatively few parents ever learn the essentials of how to raise a child. Many parents need to learn more appropriate ways of disciplining and nurturing their children. Without this information parents may have unrealistic expectations of their children — which can lead to abuse or neglect.

- **Immaturity.** Teenagers and other young parents are barely more than children themselves. They are often unprepared for the tremendous responsibility and challenge of attending to a child's needs. And the younger a parent is, the more likely that parent is to abuse his or her child.

Source: Child Abuse Prevention Committee of Greater Philadelphia, 117 S. 17th Street, Suite 707, Philadelphia, PA 19103, (215) 864-1080

Very Important Phone Numbers

Parents have to remember so many important phone numbers. From the sitter to the pediatrician, this section is the one place for you to record all the necessary phone numbers relating to your child's safety and care.

We recommend that you make photocopies of this list for grandparents, day care personnel, teachers, and others who regularly deal with your child.

For convenience sake, keep a copy of these numbers near your phone.

At home information

Home phone: _____

Address: _____

Your work phone

Company name: _____

Phone (mother): _____

Company name: _____

Phone (father): _____

Emergency contact

Name (relationship): _____

Phone: _____

Day Care

Name: _____

Phone: _____

Pediatrician

Name: _____

Phone: _____

School

School and teacher's name: _____

_____

Phone: _____

Baby-Sitter

Name/Phone: _____

Name/Phone: _____

Police Department

Phone: _____

Fire Department

Phone: _____

Paramedics

Phone: _____

Poison Control Center

Phone: _____

Local Child Abuse Organization

Name: _____

Phone: _____

Hospital Emergency Room

Name: _____

Phone: _____

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Source: Child Abuse Prevention Committee of Greater Philadelphia, 117 S. 17th Street, Suite 707, Philadelphia, PA 19103, (215) 864-1080

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Pregnancy

Healthy Start Food Tips
Poverty and Pregnancy
Smoking and Pregnancy
Drugs and Pregnancy
Alcohol and Pregnancy
Teenage Pregnancy

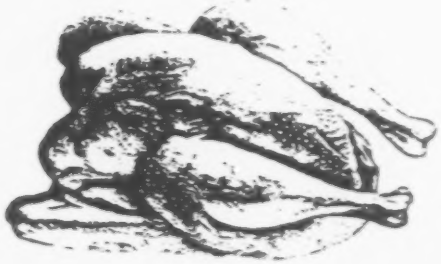
Healthy Start Food Tips

If you are pregnant,

you are eating for you and for your baby.

Try to make healthy choices when food shopping and eating out. Eat foods that taste good and are good for you.

By shopping for food, you are helping yourself and your growing baby.



Shopping for food is smart because:

- you can eat more for less money
- you can choose the foods you like the best
- you can eat when you want
- you can avoid eating greasy food
- you are in control

Check (√) the foods you bought today.
Your bag should include these healthy foods:

- ☐ fresh fruit and vegetables
- ☐ milk and juices (100% juice, not fruit "drink")
- ☐ meat, chicken and fish
- ☐ breads and cereals (whole wheat is best)
- ☐ low fat milk or cheese
- ☐ peanut butter and/or nuts

These tips have been brought to you by Healthy Start, a program to reduce the number of babies who die in West and Southwest Philadelphia. For more tips on health care for you and your baby, please call:

CHOICE Hotline • 985-3300

TURN OVER FOR MORE FOOD TIPS!

Healthy foods can help you have a healthy baby!

If you are pregnant, keep in mind:

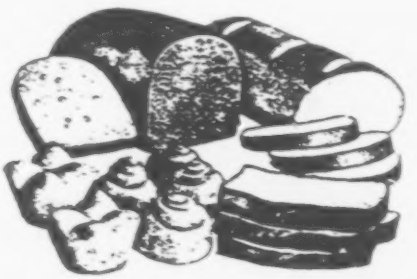
- Most women need to gain between 25 and 35 pounds while they are pregnant.
- Don't try to lose weight while you are pregnant. Your baby needs good food to grow.
- Try eating smaller meals instead of three large meals. You will feel better, and so will your baby.
- Cut back on sugar and greasy foods.

If you love someone who is pregnant, help her make healthy choices when food shopping and eating out.

Some healthy snack ideas:

- fresh or dried fruit
- half a sandwich (add lettuce and tomato to it)
- peanut butter on crackers
- pudding or yogurt

Can you think of others?



These tips have been brought to you by Healthy Start, a program to reduce the number of babies who die in West and Southwest Philadelphia. For more tips on health care for you and your baby, please call:

CHOICE Hotline • 985-3300

TURN OVER FOR MORE FOOD TIPS!

Philadelphia Department of Public Health, 500 South Broad Street Philadelphia PA 19146

Facts You Should Know About

Poverty and Pregnancy

- **Approximately 25%** of the 4 million infants born each year are born into families with incomes below the federal poverty level of **$11,570** for a family of three in 1992. Poor infants are at a higher risk for the preventable factors associated with infant and childhood mortality and morbidity.

- **In 1990,** the number of children below 18 living in poverty was 12 million, or 1 in 5, an all-time high. This rate is much higher than for other developed nations. If the trend continues, the rate will be 1 in 4 by the year 2000. This age group contains nearly 40% of all the nation's poor.

- **In Philadelphia** in 1989, 20.3% of the city's population lived below the poverty level. The percentage rose to 56.3% for female-headed households with children under 5 years.

- **African American and Latino** children are 3 times more likely to live in poverty than white children. They are also 3 times more likely as white children to live with a single parent, usually their mother.

- **Between 1980 and 1989,** the number of children living in poverty increased by 1 million.

- In 1990, 15.9 million children in the U.S. lived with one-parent families. This number is 24.7% of all children under 18.

- Almost 40% of children living with only one parent were in families with an annual income of under $10,000.

- Nearly 10 million children and 8.5 million women of childbearing age neither qualify for Medicaid nor have private insurance. In addition, a significant number of women with private insurance have policies that don't cover maternity and delivery care.

9/92

Philadelphia Department of Public Health, Office of Maternal and Infant Health
500 South Broad Street, Philadelphia, PA 19146 (215) 875-5927

Facts You Should Know About

Smoking and Pregnancy

- **Risk factors** during pregnancy are often related to the personal health practices of the mother. Cigarettes, alcohol and drug abuse contribute to 20% of all infant deaths.

- **Smoking** is a major cause of low birthweight (less than 5 1/2 pounds), the leading cause of infant deaths. Each year, about 250,000 low birthweight babies are born in the United States. Nine low birthweight babies are born in Philadelphia every day.

- **One-quarter** of the 3.9 million pregnant women in the U.S. who have given birth in recent years are smokers.

- **On average,** women who smoke give birth to twice as many low birthweight babies as non-smokers. The risk for low birthweight babies increases even for women who are light smokers (less than a pack a day).

- **Women who smoke** raise their chances of having a miscarriage or a preterm birth. Sudden Infant Death Syndrome (SIDS) occurs twice as often to babies of women who smoke.

- **Passive smoke** causes an additional reduction in birthweight of 50-100 grams, or 2-3 ounces.

- **The estimated** health care costs for low birthweight babies whose mothers smoked during pregnancy are $1 billion to $1.5 billion (in 1986 dollars).

- The U.S. Public Health Service estimates that if smoking were eliminated, infant deaths could be cut by about 10% and low birthweight by 25%.

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500 South Broad Street, Philadelphia, PA 19146 (215) 875-5927

Facts You Should Know About

Drugs and Pregnancy

- **Risk** factors during pregnancy are often related to the personal health practices of the mother. Cigarettes, alcohol and substance abuse contribute to 20% of all infant deaths.

- As many as 739,200 pregnant women each year--nearly 1 in 5--use an illegal substance at some point during their pregnancies.

- The U.S. Department of Health and Human Services estimates that more than 100,000 cocaine-exposed babies are born in the U.S. each year.

- In the early months of pregnancy, cocaine use may cause miscarriage and birth defects; in later months, it may trigger labor and preterm births or cause an unborn baby to die or have a stroke. Cocaine use may also cause internal bleeding, as well as labor and delivery complications.

- Cocaine-affected babies may have disturbed motor ability and reflexes, poor attention and mood control, and a lack of responsiveness to other humans. They may be unusually jittery, irritable and unconsolable; others may sleep for very long periods of time.

- A 1992 Philadelphia study of 1000 new mothers showed 14% used cocaine during their pregnancy. At delivery, 11% had urine that tested positive for cocaine.

- According to the National Commission to Prevent Infant Mortality, in 1990, less than 14% of pregnant women who needed substance abuse treatment could get it.

Department of Public Health, Office of Maternal and Child Health
500 South Broad Street, Philadelphia, PA 19146 (215) 875-5925

Facts You Should Know About

Alcohol and Pregnancy

- **Risk factors** during pregnancy are often related to the personal health practices of the mother. Cigarettes, alcohol and substance abuse contribute to 20% of all infant deaths.

- **Drinking** during pregnancy contributes to low birthweight (less than 5 1/2 pounds), the leading cause of infant deaths. Each year, about 250,000 low birthweight babies are born in the United States. Nine low birthweight babies are born in Philadelphia every day.

- **Approximately 21%** or 800,000 of the women in the U.S. who give birth each year drink alcohol during their pregnancy.

- **Because no safe** level of alcohol use during pregnancy has been established, the U.S. Surgeon General has advised pregnant women to avoid alcohol use altogether.

- **A pregnant woman** who drinks alcohol risks having a baby born with "fetal alcohol syndrome" (FAS), a pattern of physical and mental defects. These babies may be abnormally small at birth, have heart defects and other organ malfunctions, or suffer from mental retardation. The incidence of FAS has been estimated to be 1 in 3 per 1,000 live births.

- **For every child** born with FAS, 10 more suffer from alcohol related problems. 50,000 babies each year are born with "fetal alcohol effects" (FAE). These babies suffer from central nervous system problems, short attention spans, and lasting learning and emotional problems.

9/92

Philadelphia Department of Public Health, Office of Maternal and Infant Health
500 South Broad Street, Philadelphia, PA 19146 (215) 875-5927

Facts You Should Know About

Teenage Pregnancy

- **Teenage** pregnancy is a consistent indicator of low birthweight and high-risk babies. Babies born to teenagers are more likely to be of low birthweight than babies born to older women.

- **Adolescents** are more likely to receive inadequate prenatal care than women 20 to 44 years old.

- **Each** year, 1 in every 11 American females aged 15-19 has a baby or an abortion, compared to 1 teen in 20 in Canada, England and France.

- **There** were 1,033,730 teenage pregnancies in 1988; 28,000 were to teenagers younger than 15 years old. Of this total, 4,88,941 pregnancies ended in live births; 406,370 ended in induced abortions; 138,420 ended in miscarriages and stillbirths.

- **Nearly** 20% of all Philadelphia births are to teenagers. One in 10 teenagers will have 2 or more children before age 20.

- **Annual** costs for public programs for all families begun when parents were adolescents is $16.65 billion (in 1985 dollars), according to the 1987 National Research Council. This estimate includes the cost of Aid to Families with Dependent Children (AFDC), Medicaid and food stamps for these families. It does not include other costs, including: increased morbidity of teenage mothers and their children, the costs of social services, special housing and educational services, child protective services and foster care.

- **Eighty** percent of teenagers report that their pregnancies were unintended.

- The percentage of young women who report being sexually experienced rose from 47% in 1982 to 55% in 1990. The percentage of young women having sexual intercourse increases with age.

Philadelphia Department of Public Health, Office of Maternal and Child Health
500 South Broad Street, Philadelphia, PA 19146 (215) 875-5925

Safety

Infant and Child Injury
Poison Awareness
Childhood Lead Poisoning
Lead Poisoning Prevention Tips
Home Alone
Child Care Checklist
Safe at Home
Buckle Up Baby
Seat Belts
Fire Safety
Fire Safety Checklist

Facts You Should Know About

Infant & Childhood Injury

- The primary cause of death for children of all ages is unintentional injury (or "accidents"), which claimed nearly 5000 lives among children 1 to 9 years old in 1990.

- **Nationwide** in 1990, 2,566 deaths of children ages 1 to 4 and 1,771 deaths of children 5 to 9 were caused by unintentional injuries.

- **Nationwide** in 1990, 1,879 deaths of children ages 10 to 14, and 7,561 deaths of teenagers ages 15 to 19 were caused by unintentional injuries.

- Motor vehicles are the single largest contributing cause of unintentional injury death in children 1 to 19 years old.

- **After** motor vehicle accidents, fires and related burns and drowning are the leading causes of unintentional injury deaths for children. The death rates from fires and drowning for children ages 1 to 4 are approximately three times the rate for children ages 5 to 9.

- The motor vehicle accident rate for adolescents ages 15 to 19 is at least 5 times the rates for any other childhood age category of unintentional injury deaths. For children ages 15 to 19, the rate of motor vehicle deaths for white children was almost double that of black children.

- The rate of death due to homicide has nearly tripled since 1960, becoming the 4th leading cause of death for children 1 to 9 years old in 1990. The teenage homicide rate for males 15-19 years of age in the United States is 15.1 deaths per 100,000 population, the highest in the world.

- The death rate from homicide for black adolescents ages 15 to 19 is over 8 times the rate for white adolescents. Conversely, the suicide rate for adolescents ages 15 to 19 is twice for white teenagers as for black teenagers.

Philadelphia Department of Public Health, Office of Maternal and Child Health
500 South Broad Street, Philadelphia, PA 19146 (215) 875-5925

Poison Awareness

Every 30 seconds, a child in America is accidentally poisoned. In nearly all cases, the poisoning could have been avoided. This section will help you identify some of the more toxic substances in and around your home. Moreover, you will learn what steps you should take to prevent poisonings — and what to do if a child swallows a poisonous substance.

Over 70% of all reported cases of poisoning are caused by substances in the following five categories:

Cosmetics and Personal Care Products

Lipstick, hair spray, eye liners. These products and many others can be dangerous if ingested by children. Other hazardous items include soaps, bath oils and bubble bath products, mouthwashes, and deodorants. As a rule, most cosmetics and personal care products should be kept out of the reach of children.

Plants and Flowers

Those colorful, sweet smelling flowers on your table or in the garden could be a toxic snack for a child. English Ivy, morning glories, hyacinths, daffodils, azaleas, and narcissus are just a few of the more common poisonous plants around many households. Our advice is to help kids understand that they should never eat or taste the leaves of any plant.

We also want to remind you that many lawn and garden care products are extremely poisonous.

Insecticides, Pesticides, and Rodenticides

Sprays, powders, and chemical traps may be one way to rid your house of annoying or dangerous pests like ants, termites, roaches, bees, mice, or rats. But these items also are extremely toxic. Insecticides, pesticides, and rodenticides should be used and stored with caution in and around the home.

Medicines

Aspirins, cough syrups, vitamins, and other medications are meant to help us overcome illnesses and ailments. But even the safest nonprescription medicines can be deadly in the hands of children. We urge you to never leave any type of medication within reach of a child. Securely tighten all bottle and container caps after each use. Finally, when you finish using medication, put it away immediately in a safe place.

Cleaning Products

Ammonia, bleach, cleansers, disinfectants, drain cleaners. These and other household cleaning products can harm a child. To prevent accidental poisonings, always store cleaning products in their original containers and out of the reach of children.

Lead Poisoning

Paint chips are the most common cause of lead poisoning. But crayons and chalk may also contain hazardous levels of lead. Products containing lead can cause serious long-term harm if swallowed by a child. A blood test is the best way to determine if a child is suffering from lead poisoning.

Source: Child Abuse Prevention Committee of Greater Philadelphia, 117 S. 17th Street, Suite 707, Philadelphia, PA 19103, (215) 864-1080

Poison Awareness

Accidental poisonings can be avoided. If a child or anyone else in your home does swallow or come in contact with poisonous materials, please follow these guidelines:

1. Contact your doctor or nearest hospital emergency room immediately.
2. Check to see if an unconscious victim is breathing. Use CPR to help restart the victim's breathing.
3. Don't force an unconscious victim to drink fluids. This could suffocate or drown the victim.
4. Call your local paramedic system, police department, or fire company for medical help.
5. Find the poison container. Doctors and emergency personnel can provide faster, more effective treatment if they know what type of poison the victim swallowed.
6. Do not induce vomiting unless ordered by a doctor or emergency room personnel. Vomiting may cause further damage to the victim's throat and mouth.
7. Flush the victim's face and mouth with water if he or she drank or ate toilet bowl or oven cleaner. Give the victim no more than four ounces of water or milk to drink. Again, do not induce vomiting unless ordered.
8. Rinse the victim's face and mouth with water if kerosene, gas, or other petroleum products were swallowed. Encourage the victim to drink plenty of water or milk.
9. Wash the victim's body thoroughly where poisons may have splashed on the skin.
10. Flush eyes with running water for at least 10 minutes if chemicals get into eyes.

Facts You Should Know About

Childhood Lead Poisoning

- Lead poisoning is a disease that is caused by swallowing or breathing lead dust. The most common sources of lead exposure are household paint used in many homes built prior to 1960, soil deposits from leaded gasoline, industrial emissions, and water supplies contaminated by leaded pipes and solder. Even small amounts of lead can be dangerous in the body.

- Young children are at high risk for lead poisoning because: 1) their growing bodies absorb lead more easily than adults' bodies do; and 2) they put their hands and toys in their mouths often. Childhood lead poisoning is the *number one* environmental health problem of children.

- Children are most likely to get lead poisoning between the ages of 6 months and 6 years, when lead dust from carpeting, toys or the floor can find its way into their mouths. Children who live in old housing with cracked or peeling paint, or in housing undergoing renovation, are at greatest risk.

- About 10% of all children tested in Philadelphia demonstrate high blood lead levels of 20 or more micrograms per deciliter of blood. This amount can be compared roughly to a thimbleful of lead in a swimming pool.

- Low levels of lead poisoning can result in excitability, hyperactivity and decreased intelligence. At higher levels, lead poisoning can cause brain damage, convulsions, damage to the nervous system, kidneys and reproductive system, coma and even death.

- The risk of lead poisoning increases for children who do not eat enough healthy foods. Regular servings of calcium-rich foods like milk, cheese, yogurt and greens can help keep lead from getting into a child's body. Foods that are rich in iron—such as meat, peanut butter, beans and some cereals—can also stave off the effects of lead poisoning.

- In Philadelphia, all children from 9 months to 6 years should be screened annually for lead poisoning. High-risk children should be screened twice a year until age 3, and annually between ages 3 and 6.

Philadelphia Department of Public Health, Office of Maternal and Child Health
500 South Broad Street, Philadelphia, PA 19146 (215) 875-5925

Lead Poisoning Prevention Tips

- Wash your child's hands before meals, before naps and at bedtime. Lead paint chips turn into dust and dirt. Children get lead poisoning when they put dusty hands or toys in their mouths. Clean hands help prevent lead poisoning or keep it from getting worse.

- Wash your child's toys in soap and water. Children put their dusty toys in their mouths. This lets children eat lead dust.

- Give your child a multivitamin with iron. Iron helps to keep lead from getting into the body. Foods with iron are meat, peanut butter, some cereals and beans.

- Don't sweep the dust. This puts dust in the air, and you and your child can breathe it. Instead, wet mop and wet wipe the floors, the woodwork and the windowsills. Use automatic dishwasher detergent (like Cascade, Electrosol) to wash the floors and windowsills. These detergents clean up lead. Other cleaners do not.

- Do not scrape off all the paint in your house. Scraping, sanding or burning paint can put more lead dust into your house. Instead, wet wipe any spots that you are worried about with the dishwasher detergent.

- Call the department of public health to learn more.

Excerpted from *MCH Review*, A newsletter of the Office of Maternal and Child Health, Philadelphia Department of Public Health, Fall 1993.

Home Alone

Sometimes children need to be left home alone. Maybe they have to look after themselves for a few hours while their parents are working. Or perhaps kids are only alone for a few minutes while their moms or dads run an errand. Whatever the case, here are some tips on how to make the experience safe and fun for kids on their own at home.

1. **Remove fire hazards.** Install smoke detectors. Establish escape routes in case of fire. Write down phone numbers for the police and fire departments.
2. **Teach children basic first aid.** Keep a first aid kit in an accessible location.

3. **Rehearse pretend 911 and emergency** calls with children. Have them practice giving their names, full address, and directions to their home.
4. **Warn children** about the dangers of playing with matches, knives, lighters, and scissors.

5. **Set rules** for children's use of stoves, ovens, and other appliances.

6. **Explain to children** that they should never tell phone callers that parents aren't home. Instead, they should say that parents are busy and offer to take a message. If the call or calls seem suspicious, children should call a parent or another adult.
7. **Warn children** never to let strangers in the house.
8. **Arrange for emergency care** with a friend or relative to care for children if needed.

9. **Keep a list of important numbers** near the phone. The list should include your work phone, police, fire, paramedics, and other numbers that might be necessary in an emergency. *For your convenience, we have included a special section in the back of this book for Very Important Phone Numbers.*

10. **Provide after-school snacks** that are nutritious and easy to prepare for children.
11. **Use code words.** Many families create code words that are known only to people authorized to pick up the child after school or visit at home when the child is alone.
12. **Insist that children call** their parents or another adult when they arrive home after school.

Source: Child Abuse Prevention Committee of Greater Philadelphia, 117 S. 17th Street, Suite 707, Philadelphia, PA 19103, (215) 864-1080

Child Care Choices.

CHECKLIST

Think about:

- ☐ Your children's ages and needs.
- ☐ The times you need care.
- ☐ Child care locations that will work for you.
- ☐ How much you can afford to pay.
- ☐ Where you can go for help with costs.

Look at your choices:

- ☐ Care in your home.
- ☐ Care in someone else's home.
- ☐ A child care center.

Look for a place that:

- ☐ Is clean and neat.
- ☐ Is safe for children.
- ☐ Has room for children to play, and fun things to play with.
- ☐ Has enough adults to watch the children.

Look for a person that:

- ☐ Knows how children learn and grow.
- ☐ Has ideas of how to keep children active and learning.
- ☐ Thinks like you do on how to bring up children.
- ☐ Will talk to you about how your child is doing.

Before you make a choice:

- ☐ Check with your church, library, and yellow pages to make a list of several places.
- ☐ Visit more than one.
- ☐ Ask if you can get help with costs.
- ☐ Talk to other parents who have children there.

After you make a choice:

- ☐ Call during the day.
- ☐ Stop by when they don't expect you.
- ☐ Ask how things are going each day.

Published by the Women's Program, Coors "Literacy Pass It On." P.O. Box 46666, Denver, CO 80201. 1-800-525-0308.

Co-sponsored by the National Association for the Education of Young Children (NAEYC), 1509 19th Street, N.W., Washington, D.C. 20036. 1-800-424-2460.

Written by Catherine Baker, M.A., Education, University of Virginia. Ms. Baker is a writer specializing in plain-language communications and is the former director of Rust Literacy Action Now, Inc., Washington, D.C.

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Safe at Home

Most parents think their children are safest at home. The truth is, the average house or apartment can be pretty dangerous for a kid, especially a crawling infant or walking toddler. Stairs, electrical outlets, or other common features in a home can be hazardous to a child's health.

These tips can help make the average home safer for kids of all ages.

In the Kitchen

- Remove knobs from stoves, if possible, or tape them so that children can't turn on burners and ovens.
- Place safety locks on drawers and cabinet doors containing knives, dish detergents, and other products that could harm a child.

- Tuck electrical cords behind appliances so that children can't pull those items down on themselves.
- Unplug toasters, microwaves, and any other appliances that could harm a child.
- Teach children that stoves and ovens can be very hot. Never leave a small child in the kitchen alone while the stove or oven is on.

In the Bathroom

- Place all medicines and cleaning products out of reach of children. Securely tighten all lids on medicine containers.
- Never leave a child unattended in a bathtub or shower.

- Install a lock on the outside of the bathroom door to prevent children from entering.
- Close toilet lids and diaper pails. Empty buckets of water when finished using them. Drain the tub immediately after bathing. A child can drown in as little as two inches of water.

- Put razors, shaving creams, cosmetics, and personal hygiene products on a high shelf or in the medicine cabinet.

Around the House

- Cover electrical outlets with protective plugs. Hide electrical cords so that children don't chew on them, trip on them, or play with them.
- Lock all doors leading to the basement, garage, and outside.

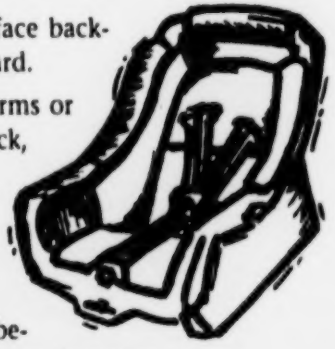
- Install safety fences or gates across kitchen doorways and at the top and foot of stairways.
- Place protective corners on coffee tables and other furniture with sharp edges.
- Close and lock windows. Install safety brackets that permit windows to be opened only a few inches. Open windows from the top if possible.

Source: Child Abuse Prevention Committee of Greater Philadelphia, 117 S. 17th Street, Suite 707, Philadelphia, PA 19103, (215) 864-1080

Buckle Up Baby

Cars can be fun for kids, especially if children are safely buckled up for the ride. Whatever their age, kids must always use car seats or seat belts when traveling in a vehicle. We ask you to follow these car safety guidelines for children:

- Make sure that infants and toddlers are riding in seats that meet U.S. safety standards. A properly installed safety seat is designed to absorb some of the impact of a crash and provide protection for a child.
- Children under 40 pounds should ride in seats with two shoulder restraint straps that connect with a center strap attached to the seat bottom. Some seats also include lap straps for extra protection.
- Booster car seats are recommended for children between 40 and 60 pounds.
- Always follow the manufacturer's instructions when installing or using a child car seat.
- Make sure that a child's car seat is securely attached with the vehicle's own seat belts.
- Remember: Infant car seats face backward. Toddler seats face forward.
- Never hold a child in your arms or lap while traveling in a car, truck, or van.
- If possible, place children in the rear center seat. It is the safest spot in a car.
- Teach children to lock doors before traveling. And warn them to never unlock or open doors while a vehicle is in motion.



Source: Child Abuse Prevention Committee of Greater Philadelphia, 117 S. 17th Street, Suite 707, Philadelphia, PA 19103, (215) 864-1080

Car Seat
Recall Information
1-800-CAR BELT

Pennsylvania's "Law of Love"

- All children from birth to age 4 must be in an approved car seat anywhere in the vehicle, effective August 21, 1993.
- All drivers are responsible for securing children in an approved restraint.
- Violators of this primary law are subject to fines totalling $89.

For more information call:
1-800-CAR BELT

Developed by
Erie Area SAFE KIDS Coalition
for the PA Chapter
of the American Academy
of Pediatrics

Fire Safety

Fires need heat, air, and fuel.

To keep your home safe:

Clear out unnecessary trash;
Store flammable liquids properly;
Do not overload electrical outlets;
Make sure electrical cords are in good condition;
Install Smoke Detectors;
Test batteries once a week;
Don't smoke in bed;
Keep matches away from children;
Don't leave items on the stove unattended;
Don't wear clothes which could catch fire while cooking;
Keep portable heaters away from combustible objects.

Be ready:

Know two ways out;
Have a home fire drill.

In case of fire:

Check doors. Do not open doors if they are hot;
Crawl under smoke.

To smother flames:

Stop, drop, and roll.

PHILADELPHIA FIRE DEPARTMENT
FIRE SAFETY CHECKLIST

	YES	NO
PLAN TO GET OUT ALIVE		
• Do you have a home fire escape plan with a pre-determined location to meet outside?	—	—
• Is there at least one smoke detector, per level, in your home or apartment?	—	—
• Do you test your smoke detectors weekly?	—	—
• Is the battery replaced yearly?	—	—
PORTABLE KEROSENE HEATERS		
• Do you use ONLY Grade K-1 kerosene?	—	—
• Do you store kerosene in a container for kerosene heater use only?	—	—
• Do you open a window approximately one inch, for proper ventilation, when heater is in use?	—	—
• Do you place heater at least 36" away from combustible material?	—	—
• Do you make sure exits are not blocked by heater?	—	—
• Does your heater have an automatic safety shut-off?	—	—
ELECTRICAL HAZARDS		
• Are there enough electrical outlets in every room?	—	—
• Are you avoiding the use of multiple attachment plugs and extension cords?	—	—
HOUSEKEEPING HAZARDS		
• Do you keep your basement free of rags, papers, mattresses, and other combustibles?	—	—
• After using oily polishing rags, do you place them in metal covered cans for disposal?	—	—
• Do you store paint and/or varnish in tightly closed containers?	—	—
• Has everyone in your family been warned NEVER to use gasoline or other flammable fluids for cleaning clothes, furnishings or floors?	—	—
SPECIAL FOR PARENTS		
• Do you keep matches out of the reach of children?	—	—
• Do you leave a responsible person with your children when you go out (even for a short period of time)?	—	—
• When you employ a babysitter, do you instruct them what to do in case of fire?	—	—
IMPORTANT: A child learns by example, as well as by instruction. Are you fire safe?	—	—

FOR MORE FIRE PREVENTION INFORMATION, DIAL 592-5982
FOR FIRE OR MEDICAL EMERGENCY, DIAL 9-1-1

Values

Teaching Right from Wrong
Taking Responsibility
Children and Self-Esteem
Self-Esteem for Students Does Work
Indicators of Low Self Esteem
Children and Independence

Teaching Right from Wrong

There are two parts to teaching children right from wrong.

- The first part involves the need for the child to learn established values. These may be based on religious beliefs, culture, or personal expectations.

- The second part involves learning how to apply values to decide what is right and wrong in real life situations. This is based on understanding why certain things are considered right and others are considered wrong.

Learning Values

Every group has values; it considers some things as being better than others. Parents need to think about the groups to which their children belong. We make decisions about belonging to some groups such as community or religious organizations. We have less say about belonging to other groups such as our family. In either case, we need to think about the influence of the group on our children. Then we need to decide how important we want that group to be in their lives.

Groups pass on values in different ways. Some groups, such as religions, provide formal instruction for children and new members. Parents can select groups that reflect their own values and have their children participate in the groups' training programs.

Families notice, encourage, and reward certain behaviors and ignore, discourage, and punish others. We teach by our actions as well as our words. Parents can give children a clear message about what they value by noticing, encouraging, and rewarding those activities which they consider "good." (For more on ignoring, discouraging, and punishing, see Discipline which begins on page 55.)

Individuals have established values, too. Individuals may adopt the values of different groups at different times. Sometimes individuals establish values of their own. When children ask "why," this provides the perfect opportunity for the adult to teach the child about his or her individual values.

Applying Values

In everyday life, situations come up that require examining and applying values. No matter how much we teach our children right from wrong, we cannot think of every situation which they will face. To deal with real situations, children need to learn why certain things are considered right and others are considered wrong.

Groups are important for children learning to apply values. Community or school organizations decide what projects to support and what ones to reject. When parents are active in these organizations, children see what values their parents consider important enough to apply.

Groups, families, and individuals reflect their values in how they treat themselves and others and in how they decide to spend their time and money. Children learn a great deal by what their parents and other adults around them do.

Parents need to watch for opportunities to discuss values with their children. The best teaching moments are when children raise questions. Unfortunately, children's timing is not always the best for their parents. For example, when a passing driver deliberately cuts a parent off and makes an obscene gesture, the child's question, "Why did she do that, Mommy?" might feel like the final straw. However, focusing on the child's question provides an opportunity to talk about how people handle anger and stress. Answering the question when it is asked ensures that the child will be interested in the information. It also tells the child that he or she is important.

Sometimes the world seems to change so much that it is hard to tell how "old" values apply in new situations. This is the challenge that parents face when trying to teach their children how to live in a world where drugs are common. It is also the challenge which children face when they are away from parents and faced with such decisions. When children understand "old" values, when they see that the adults around them spend time and energy on the things they say they value, children will be better prepared to make "new" decisions which will be right for them.

Taking Responsibility

When children are given responsibility, they learn that they are capable and valued. Children internalize parents' expectations. If parents think children can do things, children will be willing to try and, over time, will learn that they can do things on their own.

Children need to learn responsibility for themselves a little at a time. For example, as children grow up, they can take more responsibility for dressing themselves. Children will feel proud of themselves when they are able to put on their socks, button their shirts, or tie their shoes. It is important that parents understand child development so that they have expectations that are appropriate to a child's age. Giving a child too much or too little responsibility can be a problem.

However, there will be times when children feel the need to be taken care of and may want their parents to do things for them. This is a normal reaction to the fact that growing up can be scary. Children need to be reassured that they do not always have to do things for themselves, even things which they are able to do.

Children should also learn to take responsibility for others. They can be asked to help around the house. Playing with younger brothers or sisters or taking care of a pet are other responsibilities which children can take. They can also be asked to play quietly if someone is sleeping or not feeling well.

However, it is important that parents remember that children are still children. For example, young children cannot take total responsibility for a baby. While they might be asked to

sing to the baby or rock the baby in a swing, they should know that there is an adult close by who is responsible for the baby.

Sometimes older children become jealous of younger brothers or sisters. They might ask to be taken care of in ways that are not appropriate to their age. Usually, if parents realize that this is happening, they can provide the older child with some special, age-appropriate attention to ease the situation.

Appropriate responsibility is good for children. When parents give children responsibility, they are showing that they trust the children. Children who are trusted learn to trust themselves and others.

Children and Self-Esteem

Children internalize parents' feelings, expectations, and values.

- If a parent thinks that a child is lovable, the child will act lovable.
- If a parent thinks a child can do something, the child will believe he or she can do it.
- If a parent is honest with a child, the child will learn to be honest in return.

To build children's self-esteem:

- Focus on what children do well. Tell children when you think they did a good job.
- Help children to evaluate themselves. Ask children how they think they did or how they feel about what they did.
- Accept each child as a unique individual. Don't expect children to be like you or like their brothers or sisters.
- Encourage children to try on their own. Share your experiences with trying new things. Acknowledge that it is difficult. Recognize effort, not just success.
- Help children learn how to do new activities. Sometimes children want help. A little assistance from an adult may mean the difference between success and failure for a child.

- Trust children. Let them know what is expected and then leave them to do it. Through being trusted, children will learn to be trustworthy.

- Respect children. Acknowledge them as individuals and they will learn to respect themselves and others.

- Have expectations. It tells children that they can accomplish things. However, expectations that are too high can lead to failure.

- Use positive and encouraging words. Take every opportunity to talk to children. Ask them questions about what they are doing.

- Be honest about your feelings. Children will feel your reactions to things and make them their own. If children know how you feel, it gives them a chance to separate out their own feelings.

The Philadelphia Inquirer **Commentary** Wednesday Feb. 16, 1994

Self-esteem for students does work

By ESTHER JANTZEN

My friend Cynthia has two sons. The older son whizzed through school seldom studying, and won large scholarships to college. The younger son, Sam, was held back in first grade because his reading was poor. As he grew older, he developed illnesses, but he tried hard and he was so gentle with everyone. Still he had grave difficulty with academic work. In my mind's eye, I still see how he walked — his head lowered, bashful, unobtrusive, defeated.

How Cynthia worried about Sam, especially about how he felt about himself. "What can I do to help him feel that he's OK?" she would ask.

When Sam flunked algebra in ninth grade, she went to school to speak with his teacher. The teacher pulled out the gradebook, coldly shrugged, and said, "Look, all F's. Tell your son he needs to try harder and study more."

Instead, Cynthia took him out of that school. He simply can't succeed in such a cold place, she said. He needs more. He needs some place that will teach him self-esteem.

I felt a flash of guilt when she told of this. I have from time to time been that kind of teacher.

Recently I've been rethinking the connection between achievement and self-esteem. Can a person have one and not the other? Does one need both to be happy and productive? Which comes first? What about the criticisms that say self-esteem education is a fad which undermines the work ethic and contribues to low standards, sloppy work, mindless feel-good-ism, and arrogance?

Are the schools, whose responsibility it is to focus on academic achievement, also responsible to promote student self-esteem? There was certainly precious little in my teacher training 25-30 years ago related to fostering self-esteem in students.

Yes, we are responsible to do that. In fact, notwithstanding the political position of certain groups, many Philadelphia School District mission statements explicity mention "fostering high self-esteem in students" as a goal. Why? What does that mean? How exactly do we foster it?

Here's a distillation of what I have learned on the subject from reading, seminars and teaching high school students:

Self-esteem educators hold that the best way to change behavior is to change self-concept. Self-esteem, as I understand it, is an inner experience of certainty or security regarding my worth, value and acceptability that leads me to automatically take care of myself and behave in productive, safe ways. My self-esteem affects how I respond to events and people, what I think about, my energy level, my ability to set goals and move toward them, my health and my relationships.

For The Inquirer / JOHN OVERMYER

But how do I enhance my self-esteem or teach others to work with their own?

Self-esteem education has at least two basic principles that have been around for centuries:

• My self-esteem is a function of the interpretations I make about myself. These interpretations may be influenced initially by what others say to me about myself, but my self-regard is fundamentally, incontrovertibly, within my control. Just as a dancer gains control over each muscle — over time, with practice — so I can practice and develop my self-esteem.

Someone stated this as "Energy follows thought." A simple example: If you say, "I'm frantically busy," you'll feel frantically busy. If you say with sincerity, "I'm handling a lot of different things easily and enjoying what I'm learning" — you'll very likely experience a shift toward calm, enjoyment and energy. There's a part of us that responds very literally to what we tell ourselves.

Now skeptics, cynics, poo-pooers and the highly educated may dismiss this as pop psychology. But if it works, let's teach children to be aware that the thoughts they hold in their minds affect their feelings and their behavior and their moods. Let's teach them that they can choose, in fact they *do* choose, deep down, every minute what their expression and attitude and feelings are. And let's teach them the truth, that taking self-control — self-mastery — is not a quick one-shot process, but one that requires growing awareness and continually re-choosing how one wants to experience life.

• A second principle of self-esteem education that is useful for students is that the universe rewards vision combined with action. Let's ask them to dream, and to say or write or draw or sing or dance what those dreams are. Then let's show them how small steps — consistent action consistently taken — get one to a destination. Let's tell them that everyone gets off track often, and that mistakes can be delightfully useful if we choose to learn from them. Let's show them through our behavior how to learn from mistakes, how to just let go of judgments, and blaming, and deprecation.

I don't think those who criticize self-esteem education — for either political or religious reasons — will object to what's been identified above. And I would ask society at large to have patience with those of us who are learning how to "do" self-esteem education. Like most students, we may at first miss some of the subtleties.

For the record, self-esteem education does not promote indiscriminate or false praise, for that is dishonest; it does acknowledge effort toward a goal and celebrates small and large achievements, even if the results were not exactly what was expected.

It is not a strategy that justifies arrogance, for arrogance generally masks feelings of separation and inadequacy; it does promote self-appreciation, for self-acknowledgement builds energy and the willingness to persevere.

Self-esteem education does not promote low standards, for these deny students the pleasure of meeting challenge; it does support making hard work feel gratifying rather than like drudgery.

A word of caution, though. There are excellent self-esteem-developing activities on the market for teachers or parents, but they seem to be most effectively taught by people who have authentically done those activities with themselves first.

Cynthia's son, Sam, I'm happy to report, is doing beautifully now in his junior year in his new school that focuses conscientiously on developing the whole child. He just got a B on a three-page essay in French.

And about that flash of guilt I felt when I thought about the kind of teacher I've been. I guess it's something I need to handle to put this theory into practice. So just now I forgive myself for judging myself as an ignorant, uncaring person.

Esther Jantzen was the Philadelphia School District's 1986 teacher of the year and now works in the district's Office for Senior High Schools.

PHILADELPHIA SOCIETY FOR SERVICES TO CHILDREN

INDICATORS OF LOW SELF ESTEEM

(1) REJECTION OF OBJECTS ASSOCIATED WITH SELF (PICTURE OF SELF, GIRLS REJECT GIRL DOLLS, BLACK CHILDREN REJECTING BLACK DOLLS ETC.)

(2) NEGATIVE TALK ABOUT SELF AND ABILITIES

(3) HESITANCE OR INABILITY/UNWILLINGNESS TO DEFEND SELF WHEN ATTACKED (EITHER VERBALLY OR PHYSICALLY)

(4) FEAR OF TRYING NEW THINGS AND NEW SITUATIONS. "I CAN'T"

(5) OBSERVE BODY LANGUAGE

-MINIMAL OR NO EYE CONTACT

-HEAD DOWN

-DEPRESSED DEMEANOR (VERY SERIOUS, FEW SMILES, LITTLE LAUGHTER ETC.)

-SLOW SHUFFLING (NON DIRECTED) WALK

-LACK OF "CHILD LIKE" PLAYFULNESS OR ENTHUSIASM

(6) CHILD WHO IS OVERLY SELF CRITICAL

(7) SHOWS NO JOY IN ACHIEVEMENTS

(8) NO FRIENDS

Children and Independence

As children get older, they identify more with other children. It becomes more important to them to look like and act like others. At this time, they sometimes reject their parents. This is especially true if parents are seen as "different" than others.

It is important that parents respect children's individuality. They should try to understand and respect children's choices of friends.

As children become more independent, it can become more difficult for parents to know how to talk with them. Parents may need to talk with children about values and choices which affect the children. While children may not like parents' values or choices, it is reasonable to expect children to respect them.

Young adults have ideas about the way the world works. They have a right to these ideas. Parents also should expect children to respect the way parents perceive the world.

As children become independent, what they need from their parents changes. However, they still need their parents. Parents have tools at their disposal which can make them an important part of their children's growth and development:

- Life experience - While there are many changes in the world around us, many of the challenges of life remain the same. Share life experiences with your children.

- Love - Children need to know that, no matter what, they are loved.

- Values - "Actions speak louder than words." Parents should be role models for their children.

- Discipline - Make plans and stick to them. Your children will learn to do the same.

- Self-Esteem - You need to feel good about yourself in order to be able to help children develop self-esteem. If you feel good about yourself, let it show. If not, work on it, if not for your own sake, for your children's sake.

Parenting Resource Book

Part Two

Resources for Family Literacy Classes

_____ "About Your Heart and Smoking." American Heart Association, Dallas, 1983, 5 pages.
The booklet explains the structure and functioning of the heart and the effects of smoking. It discusses why people smoke and some ideas about how to stop. Illustrations of the heart and the circulatory system and charts of ideal weight, blood pressure, and cholesterol level are also available.

_____ "Diphtheria, Tetanus, and Pertussis: What You Need to Know." U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, Atlanta, 12 pages.
This booklet explains diphtheria, tetanus, and pertussis which often cause problems in childhood and the vaccinations against these. Timing, benefits, and risks of the shots are discussed. A sample vaccine administration record is included.

_____ A Family's Introduction to Early Intervention in Pennsylvania. Instructional Support System of Pennsylvania, Pennsylvania Department of Health, Pennsylvania Department of Education, Pennsylvania Department of Public Welfare. Copies available free of charge by contacting: Family Focused Early Intervention Systems, 814-542-2501, 19 pages.
This handbook defines early intervention and explains the services mandated by law for children and the families of children with developmental delays, a high probability for such delays, or physical disabilities. Additional resources and a glossary of terms are included.

_____ "Find Me a Book I Can Read." Free Library of Philadelphia, Philadelphia, 12 pages.
This is an annotated list of books for children reading at the first, second, and third grade level.

_____ "Food Resource Guide." Nutritional Development Services, Archdiocese of Philadelphia; Greater Philadelphia Food Bank; Healthy Start, Office of Maternal and Child Health; Philadelphia Department of Public Health, Philadelphia, 20 pages.
This guide provides information on food resources in the Philadelphia area including Emergency Food Cupboards organized by zipcode; Soup Kitchens organized by neighborhood; Super Cupboards; Government Food Assistance Programs; Centers for Supplemental Food Programs for Pregnant Women, Infants and Children; Home Delivered Meal Programs; Food Co-ops/Buying Clubs; Advocacy Groups; sources of Additional Nutritional Information; and Food Distributors.

_____ "Healthy Foods, Healthy Baby." Maternal and Infant Health, Philadelphia Department of Public Health, Philadelphia, April 1990, 28 pages.
This booklet discusses the relationship between diet during pregnancy and the health of the baby. The information is presented through the story of two women who meet during pregnancy and share experiences. Diagrams, graphs, and charts provide information on topics such as the development of the fetus and suggested daily menus.

_____ "Parents and Teachers: Partners in Learning." Philadelphia Federation of Teachers, Philadelphia, 4 pages.
This booklet provides ten tips on how to help children with homework. It also provides a list of resources in the Philadelphia area.

Alexander, Susan, Ed. Bringing Up Our Children: Articles from the Knoxville News-Sentinel. North Billerica, MA: Curriculum Associates, 1990, 72 pages.
This book presents low level reading materials on fourteen broad parenting topics. For each topic there are readings and sections including resources for further help, materials for further reading, and follow up activities such as writing and applying parenting techniques learned. Topics include talking with children, dealing with discipline, supporting schoolwork, teenagers and sex, children and their friends, and television decisions. The materials support learning which builds on students' knowledge and experience as parents.

Askov, Eunice N. and Clark, Cindy Jo. "Using Computers in Adult Literacy Instruction." Journal of Reading, Vol. 34, No. 6, March 1991, pp. 434-448.
This article discusses the pros and cons of using computers in adult literacy instruction. It includes a list of software publishers and distributors. A review of software packages includes information on whether a program can be customized or has a mini authoring system, the skills assessed or taught, specific area of literacy for which the software is appropriate, instructional method, and system requirements.

Atkins, A. June. Literacy, A family Affair...Parents, Infants, Toddlers: A Literacy Model Handbook. Montana Office of Public Instruction, Helena MT, 1992, 135 pages.
This guide provides technical assistance for family literacy projects, to develop programs and strengthen the components of existing programs. The handbook covers definitions and rationale, the model, planning and start up activities, and day to day considerations. Each program component is described in detail. A lesson outline sample in the parent instructional section outlines a whole language model for reading instruction. Among the

materials in the appendices are sample job descriptions for staff, sample schedules, and developmental checklists.

Auerbach, Elsa. "Toward a Social-Contextual Approach to Family Literacy." Harvard Education Review, Vol. 59, No. 2, May 1989, pp. 165-80.
This article discusses the development of family literacy programs for immigrant and refugee families. It states that current programs are based on a deficit model, assuming that parents lack the necessary skills to support their children's school success. The article suggests that curriculum development in family literacy should reflect the reality of students' lives including community concerns and cultural practices and recommends looking at a broader range of daily family activities which build on parents' knowledge and literacy practices.

Berman, Claire. "When One Child Is a Star." Parents Magazine, January, 1993, pp. 68-72.
This article talks about ways to help each child in a family be a star. It discusses a family situation in which one child is gifted and the other child feels deprived of attention. It discusses the pitfalls of comparing children and of pushing them. It emphasizes that parents need to spend time with siblings of gifted children and find ways to acknowledge children whose talents are not as readily apparent.

Blau, Melinda. "The Scariest Letters of the Alphabet." New York, Vol. 26, No. 49, December 13, 1993, pp. 44-51.
This is an article on attention-deficit disorder which provides an overview of the disorder and varying theories. It contains individual stories of parents and their children. A list of support groups and books on the topic is also provided.

Brannin, Pat, RN, MSN, RRT. "What Every Educator Should Know About Asthma." American Lung Association, Denver, 1990, 25 pages.
This booklet provides background information for the educator on asthma, covering topics such as the basic functioning of the lungs, the definition of asthma, signs of an attack, and treatments.

Brown, Janet; Harrington, Marcia; and Fox, Mike. Laying the Foundation. PLAN, Washington, 1988.
This kit consists of materials which can be used by professional educators or volunteers for instruction of adults in family literacy programs. The kit contains background information, an eight-section training guide, brochures and a tape on reading to children for use with parents, and a booklet for parents and children to complete together.

Burns, Monique. "Ten Steps to Self-Esteem." Essence, New York, August, 1990, pp. 57-58.
This article suggests ten ways an individual can feel better about him or herself. It makes interesting reading to help parents address their own self-esteem issues in preparation for addressing children's self-esteem.

Clarke, Jean Illsley. Help! For Parents of Children from Birth to Five: Tried-and-True Solutions to Parents' Everyday Problems. San Francisco, 1993, 428 pages.
This guide book for parents includes questions and information collected through "Suggestion Circles" which the author led throughout the United States and Canada. The book is divided into chapters by age of children. Each chapter begins with general developmental and parenting information and then moves on to the information gathered through parent discussions.

Dinkmeyer, Don, Sr.; McKay, Gary D.; and Dinkmeyer, James S. Parenting Young Children. American Guidance Service, Circle Pines, MN, 1989, 157 pages.
This is a guide to help parents of young children learn effective parenting strategies. Topics covered include communicating with children, discipline, and self-esteem. It stresses the role of the parent as the child's primary teacher. Lists, tables, and cartoons enrich the text.

Dodge, Diane Trister and Phinney, Joanna. A Parent's Guide to Early Childhood Education. Teaching Strategies, Inc., Washington, 1990, 22 pages.
This guide assists parents in understanding preschool. It describes preschool goals and activities and explains what children learn through activities, environment, schedule and conversation. It contains ideas that are useful for any parents with children in preschool.

Don, Roslyn and Carty, Joanna. Parents, Children and Learning. Center for Literacy, Inc., Philadelphia, 1993, 208 pages.
This is a three book set which supports adult instruction in family literacy programs and instruction of parents and children together. The first book explains the instructional model and shows the correspondence of skills in the curriculum to the kindergarten and first grade curricula of the Philadelphia public school system. The second book provides instruction on an adult level on themes derived from the K-1 curricula. The third book describes hands on learning activities for parents and children together.

Eno, Becky. "Read to Me!" Center for Literacy, Inc., Philadelphia, 1987, 12 pages
This booklet provides tips for reading to children including how to find the time and the books. It also has suggestions for using picture books and other ideas for working with adults with limited reading skills.

France, Marycarolyn G. and Meeks, Jane Warren. "Parents Who Can't Read: What Schools Can Do." Journal of Reading, December, 1987, pp. 222-27.
This article discusses how schools can support parents with limited literacy skills in their role as their children's first teachers. The article suggests that teachers encourage activities for parents and children which do not require high level literacy skills, activities involving trips or watching television. Additional suggestions include directly teaching parents techniques for helping their children, home visits, and making better use of community resources.

Goldsmith, Ellen and Handel, Ruth D. Family Reading. Syracuse, NY: New Readers Press, 1990.
This is a set of materials for use with adults in family literacy programs. There are materials for reading with adults which support the development of effective reading strategies. Each adult instructional unit is matched with a children's book which parents can read to their children to develop the same reading strategies. The complete set includes adult and child reading materials, an instructor's manual, and a training tape.

Hauser, Jill Frankel. Growing Up Reading: Learning to Read Through Creative Play. Charlotte, VT, 1993, 192 pages.
This is a book of activities for parents to use with children from infancy through age seven. A wide range of topics is covered including reading, writing, and language skills. The rationale and procedures for activities is explained in the beginning of the book. The appendix contains materials for learning activities.

Holstein, Barbara B. The Childbearing Year. Syracuse, NY: New Readers Press, 1990, 110 pages.
This is a booklet written on a low reading level about pregnancy and birth. Three characters are introduced and their pregnancies followed throughout the book. Each chapter includes vocabulary, information presented in text and supplemented by charts and diagrams, and a question and answer section. Physical and emotional needs during pregnancy are discussed.

Holt, John. "Learning All the Time." Parents Magazine, November, 1989, pp. 113-19.
This article talks about how children develop the basis for later learning through everyday activities. The author encourages introducing children to activities, providing them with a model, and allowing children to explore on their own. He emphasizes that children are learning every waking hour but that what they are learning might not be apparent to adults. He stresses that not every activity needs to be used as a formal learning moment.

Johnson, Paul. Literacy through the Book Arts. Portsmouth, NH: Heinemann, 1993, 156 pages.
This is a book designed to help teachers encourage the development of literacy skills, particularly writing skills, in children through creating books. It provides background information on the importance of books and why creating books is an effective way to help children write. Specific directions for several types of books are given.

Keefe, Donald, and Meyer, Valerie. "Teaching Adult New Readers the Whole Language Way." Journal of Reading, Vol. 35, No. 3, November, 1991, pp. 180-83.
This article provides a good overview of the whole language approach to instruction. It explains the theory and describes its application in terms of immersion, demonstration, engagement, expectations, responsibility, approximation, employment, and response.

Lally, Dr. J. Ronald and Gordon, Dr. Ira J. Learning Games for Infants and Toddlers: A Playtime Handbook. Syracuse, NY: New Readers Press, 1977, 80 pages.
This is a resource of ideas for games to play with children between the ages of two months and two years. It is intended to help parents learn ideas for playing with their children to help them develop physically, linguistically, cognitively, and emotionally. The games are divided into eight series by age. Each series begins with an overview of the types of games presented in that section and the development that the games are intended to encourage. There are between seven and nine games in each series. Each game explains the position for the game, the action involved, the aim, the purpose, and related activities that the parent can do.

Lamont, Tessa. Self-Esteem for Parenting. Center for Literacy, Inc., Philadelphia, 1992, 195 pages.
This curriculum guide provides lessons for use in family literacy programs. The lessons are grouped around themes such as Learning and Community, Learning and the Individual, and Learning and the Family. Lessons have reading, writing and math activities based on parenting themes. Most lessons have a follow up activity which parents can do with their children at home.

Lewis, Barbara S. "A Good Beginning: Enjoying Your Baby's First Year." Syracuse, NY: New Readers Press, 1990, 32 pages.
This booklet presents information on each month of the first year of a child's life. Each section discusses developmental characteristics, activities to do with children, and has a place for parents' notes. It is conveniently packaged in a calendar format which allows for hanging the booklet on the wall for easy access.

Mancuso, Ellen, Rieser, Len, Stotland, Janet F. The Right to Special Education in Pennsylvania: A Guide for Parents. The Education Law Center, Philadelphia, 1991, 59 pages.
This is a manual to help parents understand the special education system in Pennsylvania and how to get appropriate educational services for special needs children. It explains the scope of the law and the rights of parents and children under the law. It is written in language accessible to the average reader. Appendices include definitions of terms, sample letters, and further resources.

Nickse, Ruth. Family and Intergenerational Literacy Programs: An Update of "The Noises of Literacy." ERIC Clearinghouse on Adult, Career, and Vocational Education, Columbus, OH, 1990, 85 pages.
This report reviews the development of family literacy programs; trends, issues, and concerns in the field; and provides program recommendations. Services are discussed in two critical dimensions: the type of intervention (direct or indirect), and the target population (adult or child). The four types of programs which these dimensions identify are explained as well as the advantages and disadvantages of each.

Oppenheimer, Joanne; Brenner, Barbara; and Boegehold, Betty D. Choosing Books for Kids; Choosing the Right Book for the Right Child at the Right Age. New York, 1986, 345 pages
This book reviews literature for children organized by age from infancy to age twelve. It provides background information on the aspects of child development which relate to the role of books in the lives of children in various age groups. For example, the chapter on books for babies includes topics such as "Learning Through the Senses" and "Communication Is All" while the chapter on ten to twelve year olds includes "The Search for Self" and "The Reluctant Reader." The book contains supplementary chapters which cover topics such as "Why Books?" and "Borrowing, Buying, and Collecting." Over 1,500 books all listed with information on author and publisher as well as a brief description.

Remley, Maureen A., Coordinator. "Playing Together: A Calendar of Activities for Families with Young Children, 1994." Instructional Support System, Harrisburg, PA, 1993, 40 pages.
The first few pages of this calendar highlight characteristics of child development from birth to age five. The calendar for each month contains activities to do with children of various ages and excerpts and illustrations from children's books. The final pages contain information on family health and diet, childcare, and children's games and rhymes.

Sharp, Peggy A. "Picture Books in the Adult Literacy Curriculum." Journal of Reading, Vol. 35, No. 3, November 1991, pp. 216-19.
This article discusses using adults' interest in helping their children as a springboard for developing adults' reading skills. Specifics of how to use children's books in adult instruction are explained. Strategies for parents to use when reading to children and recommended children's books are included.

Singer, Elizabeth, Project director. Let's Work It Out, Topics for Parents. Syracuse, NY: New Readers Press, 1990, 16 pages.
This series contains two booklets at different reading levels on each of seven topics.
Communication provides an introduction to communication to adult students. Coping with School helps parents support their children's learning, covering getting ready for school, report cards, and things to do at home. Discipline helps parents understand discipline, including the differences.between discipline and punishment and the consequences of behavior. Family Crisis helps parents deal with the issue of drugs. Role Models emphasizes the fact that parents are role models for their children and discusses family values. Problem Solving helps parents understand how problems arise and learn a four step process for solving them.

Strickland, Dorothy and Morrow, Lesley. "Family Literacy and Young Children." The Reading Teacher, March 1989, pp. 530-31.
This article stresses the importance of home experience in children's literacy development. It contains specific suggestions which teachers can share with parents to involve the parents in reading activities with their children.

Tobias, Sheila. "Helping Kids Learn." Psychology Today, September 1989. pp. 53-60.
This article discusses how testing and tracking affect children's education and what parents can do about it.

Walls, Yvette, Learn Together. Center for Literacy, Philadelphia, 1988, 75 pages.
This is a set of materials for parents to use with their children to develop beginning reading, writing and math skills. It contains 75 activities and a guide to help teachers and tutors to show parents how they can use the activities with their children.

Webster, Harriet. "Kids, Lies and Parents." Woman's Day, June 8, 1993, pp. 53-5.
This article explains the negatives effects of parents' lying to children. It discusses possible reason parents lie including trying to protect children and attempting to preserve privacy. The distinction between honesty and

uncensored candor is explained as well as the need to be direct, not mysterious when presenting information to children.

Weinberg, Pamela. Family Literacy and the School. Syracuse, NY: New Readers Press, 1990, 45 pages.
This is a short guide to help teachers understand how to interact with parents with low literacy skills.

Weinberg, Pamela. You and Your Child's Teacher. Syracuse, NY: New Readers Press, 1990, 47 pages.
This guide presents information written at a low reading level to help parents support their children's education by working with the children's teachers. It provides lists and detailed descriptions on six topics: making phone calls, sending notes and letters, meeting face-to-face, keeping a home file, how to work with teachers, and home learning activities.

Weinberg, Pamela. Your Home Is a Learning Place. Syracuse, NY: New Readers Press, 1993, 64 pages.
This is a guide written at a low reading level to help parents create a learning environment for their children at home. It includes activities to support development of reading, writing, math and other skills. The activities are intended to enrich learning rather than to support school learning in the home. The activities use common household materials.

Welchman-Tischler, Rosamond. How to Use Children's Literature to Teach Mathematics. The National Council of Teachers of Mathematics, Inc., Reston, VA, 1992, 75 pages.
This is a book for elementary teachers to help them provide mathematics instruction which engages children through the use of children's literature. The chapters are organized to show ways to use children's books to develop math concepts. Specific books and classroom activities are described.

Wesley, Valerie Wilson. "Raising Kids Strong." Essence, December 1989, pp. 73-4, 76, 78, 118, 124.
This article provides a guide for passing on values to children. It discusses topics such as peer pressure, culture, setting limits, sexuality, and empathy. The focus is on the African-American child and family.

Whitin, David J. and Wilde, Sandra. Read Any Good Math Lately? Children;s Books for Mathematical Learning, K-6. Portsmouth, NH: Heinemann, 1992, 206 pages.
This is a guide for elementary school teachers on using children's books to develop understanding of math. Each chapter explores a theme, for example large numbers or estimation, providing background information, activities to use with children and then books to read to children of various ages.

Wilford, Sara. Tough Topics: A Guide for Using Books to Help Parents Talk with Children About Life Issues and Problems. Sara Lawrence, Bronxville. (Sponsored by Waldenbooks), 1988.
This guide provides lists of books for parents to use for discussing topics such as sex, drugs, death, and AIDS with children. The books include those for use by or with children and others which provide background information for parents.

Wilson, Monty. Conflict Resolution Skills. Center for Literacy, Philadelphia, 1993, Instructor's Manual 157 pages, Learners' Handbook 32 pages.
This resource material on conflict resolution consists of an instructor's manual for leading conflict resolution workshops and a student's handbook which introduces the reader to the theory of conflict resolution. The instructional approach uses the conflict that arises in discussing and practicing conflict resolution skills in the classroom to demonstrate the effectiveness of the techniques.

Yedlin, Jane. Families and Schools (Choices: An ESL Lifeskills Series for Adults). Chicago, 1991, 86 pages.
This is a workbook for students learning English as a second language. It provides information on family and education issues in the United States. It covers topics such as pregnancy, home responsibilities, report cards, and continuing education.